



UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION
ATOMIC SAFETY AND LICENSING BOARD

In the Matter of

CROW BUTTE RESOURCES, INC.

(Marsland Expansion Area)

Docket No. 40-8943-MLA-2

ASLBP No. 13-926-01-MLA-BD01

Hearing Exhibit

Exhibit Number:

Exhibit Title:

Well 863A (G071432) Notice of Water Well Abandonment Record

JUL 13 '01 11:35AM NHR-R&L/PUBLIC HLTH

P.2/2

NEBRASKA DEPARTMENT OF NATURAL RESOURCES
P.O. BOX 94676, LINCOLN, NEBRASKA 68509-4676
(402) 471-2363

DNR ABAN
JULY 2000

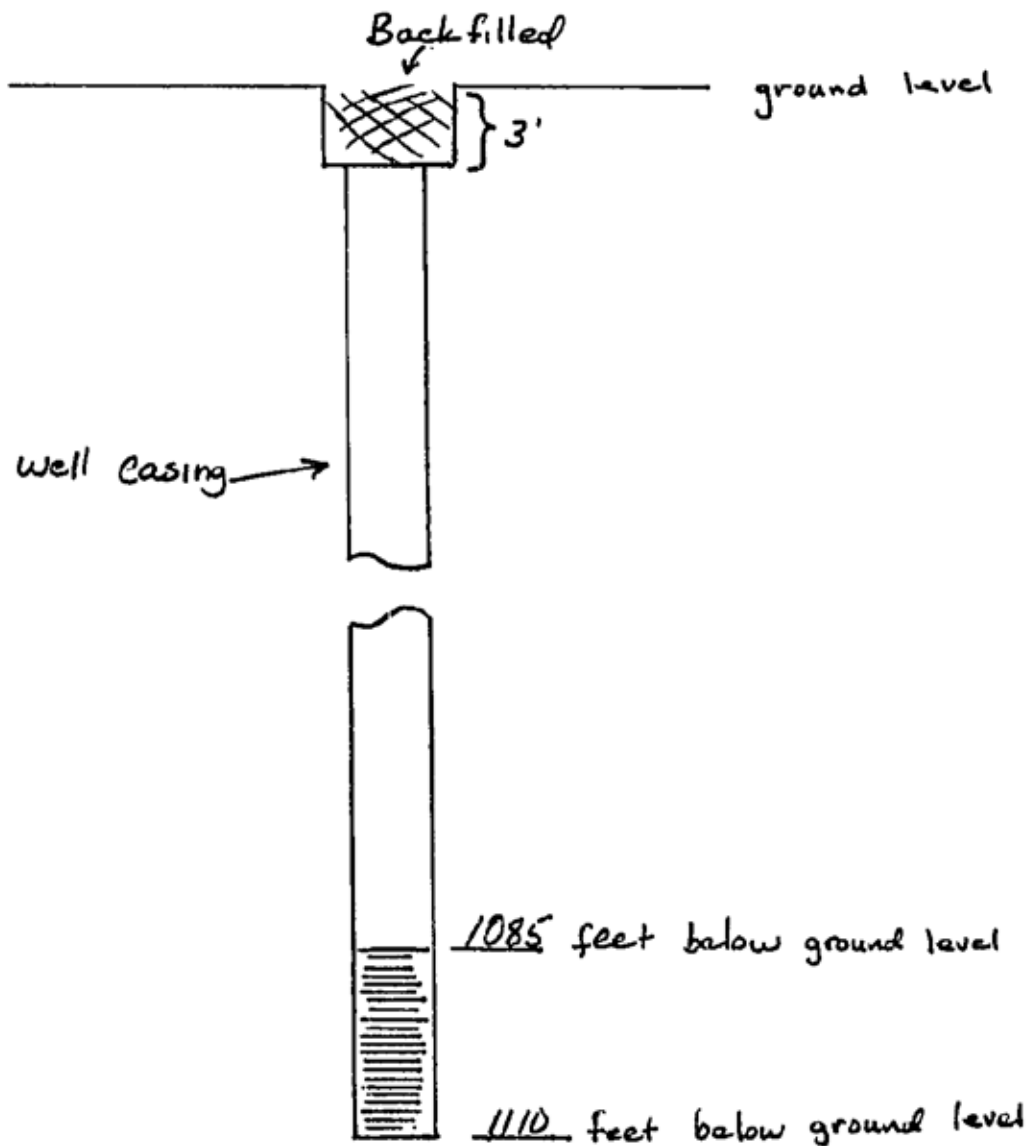
NOTICE OF WATER WELL ABANDONMENT

INSTRUCTIONS		FOR DEPARTMENT USE ONLY	
Complete by printing in ink or typing the appropriate information. Submit the completed form to the above address within 60 days of decommissioning.		Filing Date 7-25-2001	Registration Number G-71432
1. Well Owner Information:		Owner Code 39475	Sequence Number 79594
Name: CROW BUTTE RESOURCES		NRD	
Address: BOX 169		<input type="checkbox"/> 01-Up. Big Blue <input type="checkbox"/> 10-Papio-Missouri <input type="checkbox"/> 18-Central Platte <input type="checkbox"/> 02-Low. Big Blue <input type="checkbox"/> 11-Nemaha <input type="checkbox"/> 19-Low. Platte N. <input type="checkbox"/> 03-Up. Elkhorn <input type="checkbox"/> 12-Up. Niobrara <input type="checkbox"/> 20-Low. Platte S. <input type="checkbox"/> 04-Low. Elkhorn <input type="checkbox"/> 13-Mid. Niobrara <input type="checkbox"/> 21-Jp. Republican <input type="checkbox"/> 05-Little Blue <input type="checkbox"/> 14-Low. Niobrara <input type="checkbox"/> 22-Mid. Republican <input type="checkbox"/> 06-Up. Loup <input type="checkbox"/> 15-North Platte <input type="checkbox"/> 23-Low. Republican <input type="checkbox"/> 07-Low. Loup <input type="checkbox"/> 16-South Platte <input type="checkbox"/> 24-Tri-Basin <input type="checkbox"/> 08-Lewis/Clark <input type="checkbox"/> 17-Twin Platte	
City: CRAWFORD State: NE Zip: 69339			
Home Phone No. 308) 665-2215 Work Phone No.			
2. Person Completing Decommissioning (if not owner)		4a. Actual Method for Decommissioning of Well. Use Sketch below (if appropriate), or illustrate method of decommissioning on a separate sheet.	
Contractor's Information			
Name: LANDRILL EXPLORATION			
Address: 102 PINE			
City: CRAWFORD State: NE Zip: 69339			
Business Phone No. 308) 665-2493 Contractor's License No. 19019		4b. Type of Back Fill Used in Upper Three Feet. (If excavated area is greater than three feet, indicate depth of excavation.)	
3a. Well Registration No. (If applicable) G-071432		4c. Type and Location of Well Cover Use.	
3b. Type of Ground Water Use MONITOR WELL		4d. Type, Amount, and Location of Materials Used in Lower Casing.	
3c. Date of Decommissioning 7/10/01		4e. Type and Thickness of Materials Used Between Confining Layers. Indicate plug depth(s) on left side of sketch.	
3d. Legal Description of Well Location: County DAWES		<p>RECEIVED</p> <p>JUL 25 2001</p> <p>DEPARTMENT OF NATURAL RESOURCES</p>	
Township 29N Range 51W Section 1			
NW 1/4 of the NW 1/4			
3e. Street Address of Block, Lot and Subdivision (if applicable).			
3f. Well Location in Feet from Section Lines			
850 feet from North or South (circle one) section line 815 feet from East or West (circle one) section line			
3g. Location of Water Use: County DAWES			
Township 29N Range 51W Section 1			
NW 1/4 of the NW 1/4			
3h. Date Well Last Operated UNKNOWN			
3i. Well Casing Size 4.5" I. D.			
I am familiar with the information submitted on this form and to the best of my knowledge, it is true.			
Water Well Contractor's Signature Brian K. Z... Date 7/29/01		Water Well Owner's Signature Ralph Knudsen Date 7/19/01	

Well 863A (G071432) Notice of Water Well Abandonment Record

G-071432.

54 sacks of bentonite grout (50 lbs. ea.) to make 910 gallons of slurry with approximately 25% solids. Material was placed from bottom with tremi pipe to three feet below ground level. Casing was cut off and capped. Concrete and bentonite was placed over casing. Ground was leveled.



Well 864A (G071433) Notice of Water Well Abandonment

JUL 13 '01 11:35AM NNS-R&L/PUBLIC H:TH

P.2/2

NEBRASKA DEPARTMENT OF NATURAL RESOURCES
P.O. BOX 94676, LINCOLN, NEBRASKA 68509-4676
(402) 471-2363

DRY ABANDON
JULY 2003

NOTICE OF WATER WELL ABANDONMENT

INSTRUCTIONS		FOR DEPARTMENT USE ONLY	
Complete by printing in ink or typing the appropriate information. Submit the completed form to the above address within 60 days of decommissioning.		Filing Date 7-25-2001	Registration Number G-71433
1. Well Owner Information:		Owner Code 39475	Sequence Number 79595
Name: CROW BUTTE RESOURCES		NRD	
Address: BOX 169		<input type="checkbox"/> 01-Up. Big Blue <input type="checkbox"/> 10-Papio-Missouri <input type="checkbox"/> 18-Central Platte <input type="checkbox"/> 02-Low. Big Blue <input type="checkbox"/> 11-Nemaha <input type="checkbox"/> 19-Low. Platte N. <input type="checkbox"/> 03-Up. Elkhorn <input checked="" type="checkbox"/> 12-Up. Niobrara <input type="checkbox"/> 20-Low. Platte S. <input type="checkbox"/> 04-Low. Elkhorn <input type="checkbox"/> 13-Mid. Niobrara <input type="checkbox"/> 21-Jp. Republican <input type="checkbox"/> 05-Lincoln Blue <input type="checkbox"/> 14-Low. Niobrara <input type="checkbox"/> 22-Mid. Republican <input type="checkbox"/> 06-Up. Loup <input type="checkbox"/> 15-North Platte <input type="checkbox"/> 23-Low. Republican <input type="checkbox"/> 07-Low. Loup <input type="checkbox"/> 16-South Platte <input type="checkbox"/> 24-Tri-Basin <input type="checkbox"/> 08-Lewis/Clark <input type="checkbox"/> 17-Twin Platte	
City: CRAWFORD State: NE Zip: 69339		4a. Actual Method for Decommissioning of Well. Use Sketch below (if appropriate), or illustrate method of decommissioning on a separate sheet.	
Home Phone No. 308) 665-2215 Work Phone No.			
2. Person Completing Decommissioning (if not owner) Contractor's Information		4b. Type of Back Fill Used in Upper Three Feet. (If excavated area is greater than three feet, indicate depth of excavation.)	
Name: LANDRILL EXPLORATION		4c. Type and Location of Well Cover Use.	
Address: 102 PINE		4d. Type, Amount, and Location of Materials Used in Lower Casing.	
City: CRAWFORD State: NE Zip: 69339		4e. Type and Thickness of Materials Used Between Confining Layers. Indicate plug depth(s) on left side of sketch.	
Business Phone No. 308) 665-2493 Contractor's License No. 19019			
3a. Well Registration No. (if applicable) G-071433			
3b. Type of Ground Water Use MONITOR WELL			
3c. Date of Decommissioning 7/10/01			
3d. Legal Description of Well Location: County DAWES Township 29N Range 51W Section 1 SW 1/4 of the SW 1/4			
3e. Street Address of Block, Lot and Subdivision (if applicable).			
3f. Well Location in Feet from Section Lines 650 feet from North or South (circle one) section line 1300 feet from East or West (circle one) section line			
3g. Location of Water Use: County DAWES Township 29N Range 51W Section 1 SW 1/4 of the SW 1/4			
3h. Date Well Last Operated UNKNOWN			
3i. Well Casing Size 4.5" I. D.			

I am familiar with the information submitted on this form and to the best of my knowledge, it is true.

Bryan K. Zell
Water Well Contractor's Signature

7/20/01
Date

Ralph H. Hurd
Water Well Owner's Signature

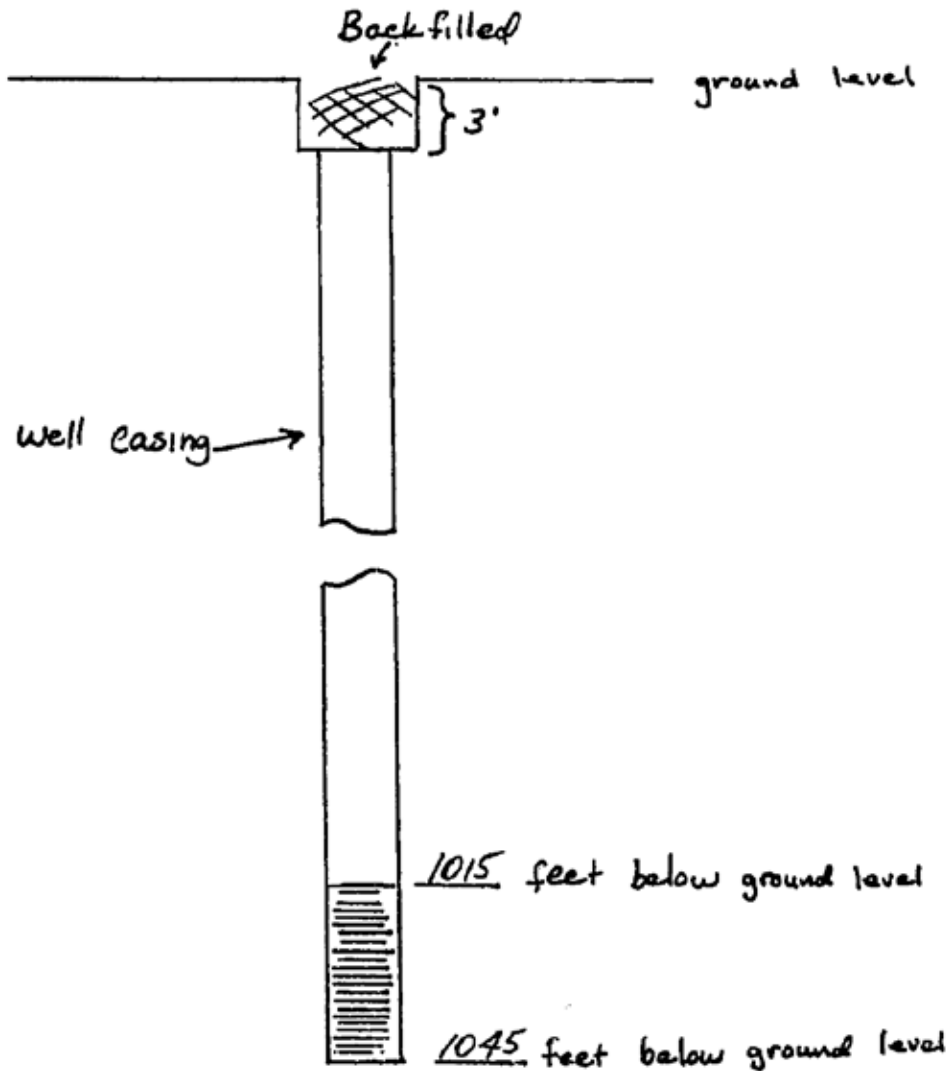
7/19/01
Date

RECEIVED
JUL 25 2001
DEPARTMENT OF
NATURAL RESOURCES

Well 864A (G071433) Notice of Water Well Abandonment

G-071433

40 sacks of bentonite grout (50 lbs. ea.) to make 860 gallons of slurry with approximately 25% solids. Material was placed from bottom with tremi pipe to three feet below ground level. Casing was cut off and capped. Concrete and bentonite was placed over casing. Ground was leveled.



Well 865A (G071430) Notice of Water Well Abandonment Record

JUL 13 '01 11:35AM NHD-R/L/PUBLIC HLTH

P.2/2

NEBRASKA DEPARTMENT OF NATURAL RESOURCES
P.O. BOX 94676, LINCOLN, NEBRASKA 68509-4676
(402) 471-2363

DNR ABAN
JULY 2000

NOTICE OF WATER WELL ABANDONMENT

Instructions		FOR DEPARTMENT USE ONLY	
Complete by printing in ink or typing the appropriate information. Submit the completed form to the above address within 60 days of decommissioning.		Filing Date <u>7-25-2001</u>	Registration Number <u>G-71430</u>
1. Well Owner Information:		Owner Code <u>39475</u>	Sequence Number <u>79592</u>
Name: <u>CROW BUTTE RESOURCES</u>		NRD	
Address: <u>Box 169</u>		<input type="checkbox"/> 01-Up. Big Blue <input type="checkbox"/> 10-Papio-Missouri <input type="checkbox"/> 18-Central Platte <input type="checkbox"/> 02-Low. Big Blue <input type="checkbox"/> 11-Nemaha <input type="checkbox"/> 19-Low. Platte N. <input type="checkbox"/> 03-Up. Elkhorn <input checked="" type="checkbox"/> 12-Up. Niobrara <input type="checkbox"/> 20-Low. Platte S. <input type="checkbox"/> 04-Low. Elkhorn <input type="checkbox"/> 13-Mid. Niobrara <input type="checkbox"/> 21-Jp. Republican <input type="checkbox"/> 05-Little Blue <input type="checkbox"/> 14-Low. Niobrara <input type="checkbox"/> 22-Vld. Republican <input type="checkbox"/> 06-Up. Loup <input type="checkbox"/> 15-North Platte <input type="checkbox"/> 23-Low. Republican <input type="checkbox"/> 07-Low. Loup <input type="checkbox"/> 16-South Platte <input type="checkbox"/> 24-Tri-Basin <input type="checkbox"/> 08-Lewis/Clark <input type="checkbox"/> 17-Twin Platte	
City: <u>CRAWFORD</u> State: <u>NE</u> Zip: <u>69339</u>			
Home Phone No. <u>308 665-2215</u>			
2. Person Completing Decommissioning (if not owner) Contractor's Information		4a. Actual Method for Decommissioning of Well. Use Sketch below (if appropriate), or illustrate method of decommissioning on a separate sheet.	
Name: <u>LANDRILL EXPLORATION</u>			
Address: <u>102 PINE</u>			
City: <u>CRAWFORD</u> State: <u>NE</u> Zip: <u>69339</u>		4b. Type of Back Fill Used in Upper Three Feet. (If excavated area is greater than three feet, indicate depth of excavation.)	
Business Phone No. <u>308 665-2493</u> Contractor's License No. <u>19019</u>		4c. Type and Location of Well Cover Use.	
3a. Well Registration No. (if applicable) <u>G-071430</u>		4d. Type, Amount, and Location of Materials Used in Lower Casing.	
3b. Type of Ground Water Use <u>MONITOR WELL</u>		4e. Type and Thickness of Materials Used Between Confining Layers. Indicate plug depth(s) on left side of sketch.	
3c. Date of Decommissioning <u>7/11/01</u>			
3d. Legal Description of Well Location: County <u>DAWES</u>			
Township <u>29N</u> Range <u>50W</u> Section <u>18</u>			
NW 1/4 of the NW 1/4			
3e. Street Address of Block, Lot and Subdivision (if applicable).			
3f. Well Location in Feet from Section Lines <u>970</u> feet from North or South (circle one) section line <u>280</u> feet from East or West (circle one) section line			
3g. Location of Water Use: County <u>DAWES</u>			
Township <u>29N</u> Range <u>50W</u> Section <u>18</u>			
NW 1/4 of the NW 1/4			
3h. Date Well Last Operated <u>UNKNOWN</u>			
3i. Well Casing Size <u>4.5" I.D.</u>			

I am familiar with the information submitted on this form and to the best of my knowledge, it is true.

Ryan K. Zick
Water Well Contractor's Signature

7/20/01
Date

Paul Hinkle
Water Well Owner's Signature

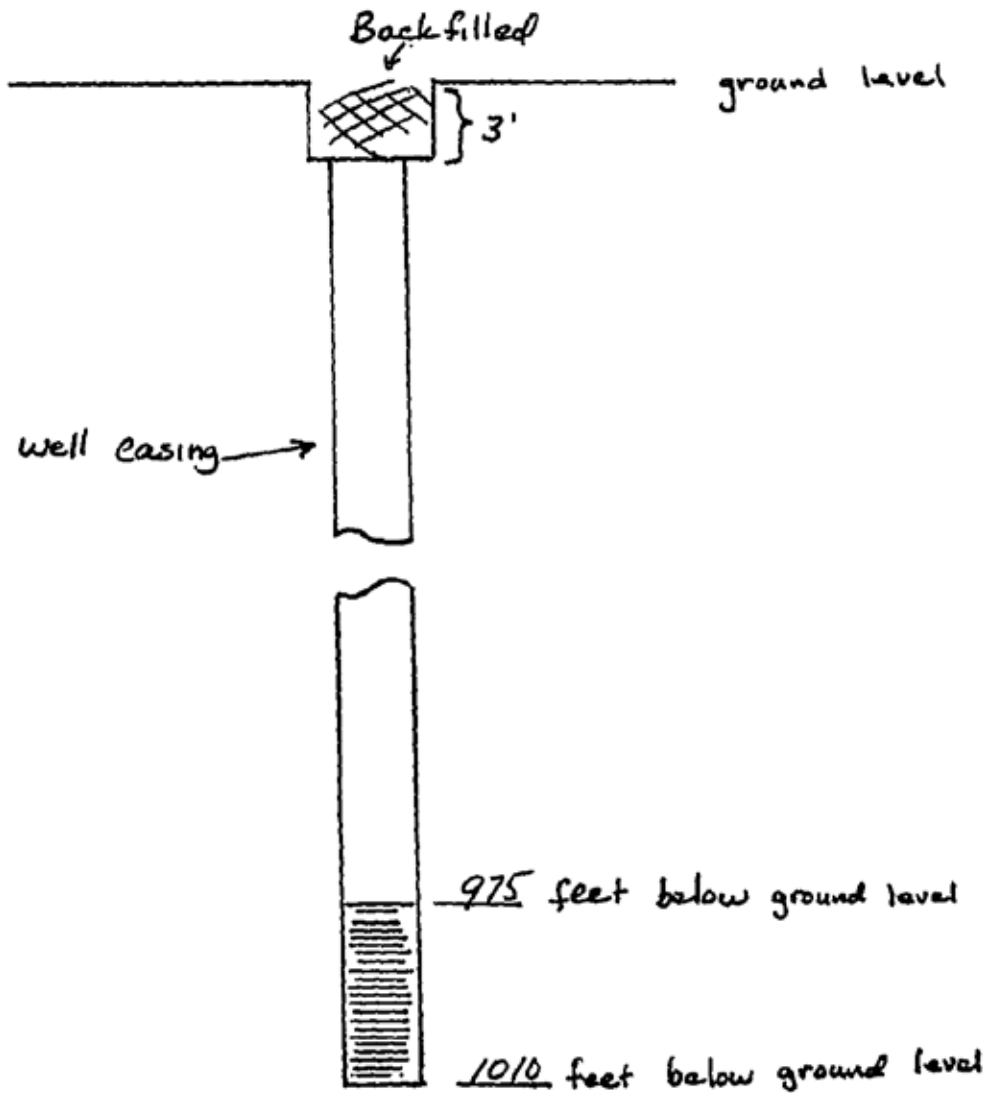
7/19/01
Date

JUL 25 2001
DEPARTMENT OF
NATURAL RESOURCES

Well 865A (G071430) Notice of Water Well Abandonment Record

G-071430

40 sacks of bentonite grout (50 lbs. ea.) to make 830 gallons of slurry with approximately 25% solids. Material was placed from bottom with tremi pipe to three feet below ground level. Casing was cut off and capped. Concrete and bentonite was placed over casing. Ground was releveled.



Well 866A (G071431) Notice of Well Abandonment Record

JUL 13 '01 11:35AM NHH-R&L/PUBLIC HLTH

P.2/2

NEBRASKA DEPARTMENT OF NATURAL RESOURCES
P.O. BOX 94676, LINCOLN, NEBRASKA 68509-4676
(402) 471-2363

DNR ABAN
JULY 2000

NOTICE OF WATER WELL ABANDONMENT

Instructions		FOR DEPARTMENT USE ONLY	
Complete by printing in ink or typing the appropriate information. Submit the completed form to the above address within 60 days of decommissioning.		Filing Date 7-25-2001	Registration Number G-71431
1. Well Owner Information:		Owner Code 39475	Sequence Number 79593
Name: CROW BUTTE RESOURCES		NRD	
Address: BOX 169		<input type="checkbox"/> 01-Up. Big Blue <input type="checkbox"/> 10-Papio-Missouri <input type="checkbox"/> 18-Central Platte <input type="checkbox"/> 02-Low. Big Blue <input type="checkbox"/> 11-Nemaha <input type="checkbox"/> 19-Low. Platte N. <input type="checkbox"/> 03-Up. Elkhorn <input checked="" type="checkbox"/> 12-Up. Niobrara <input type="checkbox"/> 20-Low. Platte S. <input type="checkbox"/> 04-Low. Elkhorn <input type="checkbox"/> 13-Mid. Niobrara <input type="checkbox"/> 21-Low. Republican <input type="checkbox"/> 05-Little Blue <input type="checkbox"/> 14-Low. Niobrara <input type="checkbox"/> 22-Mid. Republican <input type="checkbox"/> 06-Up. Loup <input type="checkbox"/> 15-North Platte <input type="checkbox"/> 23-Low. Republican <input type="checkbox"/> 07-Low. Loup <input type="checkbox"/> 16-South Platte <input type="checkbox"/> 24-Tri-Basin <input type="checkbox"/> 08-Lewis/Clark <input type="checkbox"/> 17-Twin Platte	
City: CRAWFORD State: NE Zip: 69339			
Home Phone No. 308) 665-2215 Work Phone No.			
2. Person Completing Decommissioning (if not owner) Contractor's Information		4a. Actual Method for Decommissioning of Well. Use Sketch below (if appropriate), or illustrate method of decommissioning on a separate sheet.	
Name: LANDRILL EXPLORATION			
Address: 102 PINE			
City: CRAWFORD State: NE Zip: 69339			
Business Phone No. 308) 665-2493 Contractor's License No. 19019			
3a. Well Registration No. (if applicable) G-071431		4b. Type of Back Fill Used in Upper Three Feet. (If excavated area is greater than three feet, indicate depth of excavation.)	
3b. Type of Ground Water Use MONITOR WELL		4c. Type and Location of Well Cover Use.	
3c. Date of Decommissioning 7/11/01		4d. Type, Amount, and Location of Materials Used in Lower Casing.	
3d. Legal Description of Well Location: County DAWES		4e. Type and Thickness of Materials Used Between Confining Layers. Indicate plug depth(s) on left side of sketch.	
Township 29N Range 50W Section 29			
NW 1/4 of the NW 1/4			
3e. Street Address of Block, Lot and Subdivision (if applicable).			
3f. Well Location in Feet from Section Lines			
500 feet from North or South (circle one) section line			
1240 feet from East or West (circle one) section line			
3g. Location of Water Use: County DAWES			
Township 29N Range 50W Section 29			
NW 1/4 of the NW 1/4			
3h. Date Well Last Operated UNKNOWN			
3i. Well Casing Size 4.5" I.D.			

I am familiar with the information submitted on this form and to the best of my knowledge, it is true.

Russ K. 22
Water Well Contractor's Signature

7/20/01
Date

Paul Hamel
Water Well Owner's Signature

7/19/01
Date

JUL 25 2001
DEPARTMENT OF
NATURAL RESOURCES

G-071431

36 sacks of bentonite grout (50 lbs. ea.) to make 770 gallons of slurry with approximately 25% solids. Material was placed from bottom with tremi pipe to three feet below ground level. Casing was cut off and capped. Concrete and bentonite was placed over casing. Ground was leveled.

