

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY

Log No. 104918 Jg1
 Permit No. 053
 Basin 053

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 59489

1. OWNER EOG Resources
 600 Seventeenth Street Ste 1000N
 MAILING ADDRESS Denver, Co 80202

ADDRESS AT WELL LOCATION
 USGS Well Name = 053N23E5207CA

2. LOCATION SW/4NE/4 Sec 07T23N/ R52E
 PERMIT/WAIVER NO. OG-240 00-705-016
Issued by Water Resources Parcel No.

Subdivision Name: _____ County: Eureka
 Latitude N39°53.172 UTM E NAD 27
 Longitude W116°09.688 N NAD 83/WGS 84

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Cobles Sand		0	15	15
rock		15	20	5
clay		20	40	20
cobles		40	50	10
clay sand		50	52	2
rock		52	55	3
gravel		55	60	5
cobles gravel		60	71	11
fractured rock		71	81	10
clay sand		81	84	3
fractured rock		84	110	26
fine gravel		110	127	17
hard rock		127	130	3
sand gravel	x	130	165	35
clay		165	175	10
hard rock		175	180	5
sand gravel		180	205	25
clay		205	230	25
rock		230	235	5
course gravel	x	235	272	37
rock		272	274	2
sand gravel		274	284	10
boulders		284	287	3
clay		287	292	5
rock		292	297	5
rock clay layers		297	315	18
course sand		315	328	13
boulder clay		328	331	3

Date started: May 30, 20 07
 Date completed: June 7, 20 07

9. WELL CONSTRUCTION
 Depth Drilled 460 Feet Depth Cased 460 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12 5/8 Inches 0 Feet 460 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>15</u>	<u>4.88</u>	<u>+1</u>	<u>460</u>
		<u>0.145</u>		

Perforations:
 Type of perforation factory cut
 Size of perforation 3/32 x 4
 From _____ 440 feet to _____ 420 feet
 From _____ 400 feet to _____ 246 feet
 From _____ 180 feet to _____ 120 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 20 to 50 Pumped Poured
 Gravel Pack: Yes No 50 to 460 Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level
 Static water level: 81 feet below land surface
 Artesian Flow: N/A G.P.M. N/A P.S.I.
 Water Temperature: cool °F
 Quality: fair

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>90</u>	<u>30</u>	<u>6</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Fred Anderson Drilling, Inc.
(CONTRACTOR)
 Address 10760 S. Grass Valley Road
(CONTRACTOR)
Winnemucca, NV 89445
 Nevada contractor's license number issued by the State Contractor's Board 042407 21467
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2083
 Signed Fred Anderson Drilling, Inc
 By driller performing actual drilling on site or contractor
 Date August 6, 2007

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
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1. OWNER **EOG Resources** ADDRESS AT WELL LOCATION **Page 2**
 MAILING ADDRESS **600 Seventeenth Street Ste 1000N** **USGS Well Name = 053N23E5207CA**
 NE SW
 Subdivision Name: _____ County: **Eureka**

2. LOCATION **SW/NE Sec 07 T23N R52E** Latitude **N39°53.172** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **OG-240** **00-705-016** Longitude **W116°09.688** N _____ NAD 83/WGS 84
 Issued by Water Resources Parcel No. _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
rock w/fractures		331	338	7
cobles		338	341	3
clay/fine gravel	X	341	355	14
hard rock		355	357	2
clay fine		357	362	5
cobles clay		362	365	3
sand gravel	x	365	375	10
hard rock		375	460	85

N 39.886285
W 116.160558 NAD27
plugged under NO. 62706
Aug 27 - DD
to 37.886226
to 116.160558

9. WELL CONSTRUCTION

Depth Drilled **460** Feet Depth Cased **460** Feet

HOLE DIAMETER (BIT SIZE)

From	To
12 5/8 Inches	0 Feet to 460 Feet
_____ Inches	_____ Feet to _____ Feet
_____ Inches	_____ Feet to _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	15	1.88	+1	460
		0.145		

Perforations:

Type of perforation **factory cut**

Size of perforation **3/32 X 4**

From	To
440 feet to	420 feet
400 feet to	246 feet
180 feet to	120 feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

Material	From (Feet)	To (Feet)	Method
<input checked="" type="checkbox"/> Neat Cement	0	20	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> ≥30% Bentonite Grout	20	50	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50	460	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: _____			
Bentonite Chips: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____			

Date started: **May 30, 20 07**

Date completed: **June 7, 20 07**

7. Water Level

Static water level: **81** feet below land surface

Artesian Flow: **N/A** G.P.M. **N/A** P.S.I

Water Temperature: **cool** °F

Quality: **fair**

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
90		6

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Fred Anderson Drilling, Inc.**
 (CONTRACTOR)

Address **10760 S. Grass Valley Road**
 (CONTRACTOR)
Winnemucca, NV 89445

Nevada contractor's license number issued by the State Contractor's Board **021467**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2083**

Signed *Fred Anderson Drilling, Inc.*
 By driller performing actual drilling on site or contractor

Date **August 6, 2007**