

WARDLEIGH WELL

WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 79180
Permit No. _____
Basin 51

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 43604

1. OWNER UNION PACIFIC RAILROAD CO. ADDRESS AT WELL LOCATION 423 MAIN ST., CARLIN,
MAILING ADDRESS 49 STEVENSON ST., 15TH FLOOR NV. 89822
SAN FRANCISCO, CA 94105

2. LOCATION $\frac{1}{4}$ SE $\frac{1}{4}$ Sec. 27 T. 33 N/S R. 52 E. ELKO County
PERMIT NO. N/A Issued by Water Resources Parcel No. 002181006 Subdivision Name N/A

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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
ABANDONED BY PUMP- ING NEAT CEMENT VIA TREMMIE FROM T.D TO SURFACE.				
USED 146 CU. FT. OF NEAT CEMENT.				
CONSTRUCTION DETAILS WERE NOT AVAILABLE TO US AT THE TIME OF ABANDONMENT.				
WE REMOVED A PUMP FROM THIS WELL PRIOR TO ABANDONING.				

8. WELL CONSTRUCTION
Depth Drilled.....Feet Depth Cased 30 Feet
HOLE DIAMETER (BIT SIZE)
From To
Inches Feet Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
24			0	30

Perforations:
Type perforation.....
Size perforation.....
From.....feet to.....feet
From.....feet to.....feet
From.....feet to.....feet
From.....feet to.....feet

Surface Seal: Yes No Seal Type:
Depth of Seal..... Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From.....feet to.....feet

9. WATER LEVEL
Static water level.....15 feet below land surface
Artesian flow.....N/A G.P.M.....P.S.I.
Water temperature COOL °F Quality FAIR

Date started OCTOBER 30, 1999
Date completed OCTOBER 30, 1999

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name LANG EXPLORATORY DRILLING
Address P.O. BOX 5279
ELKO, NV 89802
Nevada contractor's license number 0021976
issued by the State Contractor's Board
Nevada driller's license number issued by the 2085
Division of Water Resources, the on-site driller.
Signed Daniel Kohman
By driller performing actual drilling on site or contractor
Date OCTOBER 31, 1999