

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 87675
 Permit No. _____
 Basin Q52

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. 50816-

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Union Pacific Railroad SP-16R
 MAILING ADDRESS 49 Stevenson St., 15th Floor
San Francisco, CA 94015

ADDRESS AT WELL LOCATION 501 Hamilton Street,
Carlin, NV.

2. LOCATION NW 1/4 SE 1/4 Sec. 27 T 33N N/S R 52E E Elko County
 PERMIT NO. Unknown Issued by Water Resources Parcel No. N/A 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
<u>Abandoned by pumping neat cement, via tremie, from T.D. to surface.</u>				
<u>Used 4.7 cu.ft. of cement.</u>				
<u>No state report or as-built was available, so we have very little information on this well's construction.</u>				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased 15 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)
<u>2.375</u>			<u>0</u>	<u>15</u>

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

9. WATER LEVEL
 Static water level 10.0 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9/10/2002, 19____
 Date completed 9/10/2002, 19____

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 Contractor
 Address P.O. Box 5279 Contractor
Elko, NV 89802-5279
 Nevada contractor's license number issued by the State Contractor's Board 0021976
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1796
 Signed Ron Behreandt
 By driller performing actual drilling on-site or contractor
 Date 9/11/02

B.S.T-L