

F-5

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 83211

START CARD # 185142

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company OI Ranch _____
Address 162624 Lister Rd _____
City Paulina State OR Zip 97751

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
Depth of Completed Well 400 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Am't lbs
22	0	18	Bentonite	0	18	40 S
16	18	400				

How was seal placed: Method A B C D E
 Other poured dry and tann
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wid	Thrd
<input checked="" type="checkbox"/>	18	1	20	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf/ Screen Liner	Casing Dia	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tel/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 100 Drawdown 0 Drill mom/Pump depth _____ Duration (hr) _____

Temperature 60 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

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(9) LOCATION OF WELL (legal description)
County CROOK Twp 20 N N/S Range 22 E E/W WM
Sec 27 SE 1/4 of the NW 1/4 Tax Lot 1000
Tax Map Number _____ Lot _____
Lat 43° 48' 24" or _____ DMS or DD
Long 120° 02' 10" or _____ DMS or DD
 Street address of well Nearest address
OI Ranch Rd

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	06-01-2006		32

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 45

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
06-01-2006	45	400	1,000		32

(11) WELL LOG Ground Elevation 4,159

Material	From	To
topsoil silty loom	0	2
sand med	2	5
clay brn	5	45
sand clay	45	70
sand coarse	70	167
rock blk/clay gravel	167	220
clay, red/enders	220	225
clay/sand brn	225	270
sand/pumice/talac, brn	270	370
clay/sand brn	370	400

RECEIVED

JUN 05 2006

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 05-26-2006 Completed 06-01-2006

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number _____ Date _____
Password: (if filing electronically) _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1424 Date 6-2-06
Password: (if filing electronically) _____
Signed _____
Contact Info (optional) _____

JUL 20 2006

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK.

Form Version: 0.88

WATER RESOURCES DEPT
SALEM, OREGON

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