

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D.# L29453
 START CARD # 107319

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
 Name ZX RANCH / J.R. SIMPOT CO.
 Address PO BOX 7
 City PAISLEY State OLE Zip 97636

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 619 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>24</u>	<u>0</u>	<u>48</u>	<u>CONCRETE</u>	<u>0</u>	<u>60</u>	<u>60 SK</u>
<u>22</u>	<u>48</u>	<u>56.5</u>	<u>S&S</u>	<u>540</u>	<u>540</u>	<u>40 SK</u>
<u>12.4</u>	<u>56.5</u>	<u>61.9</u>				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>16"</u>	<u>+1</u>	<u>56.5</u>	<u>7.8</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) S60.5 FEET

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tube/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
<u>3000</u>	<u>77</u>		<u>B</u>

Temperature of water 65°F Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County LAKE Latitude _____ Longitude _____
 Township 33S N or S Range 19E E or W. WM. _____
 Section 7 NE 1/4 SE 1/4 _____
 Tax Lot #500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) RED HOUSE RD PAISLEY OREGON

(10) STATIC WATER LEVEL:
62 ft. below land surface. Date 6/6/01
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 607 FT.

From	To	Estimated Flow Rate	SWL
<u>607</u>	<u>619</u>	<u>3000</u>	<u>62</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>SEE ATTACHED SHEETS</u>			
<u>SHOOT</u>			
RECEIVED			
JUL 12 2001			
WATER RESOURCES DEPT SALEM, OREGON			

Date started MAY 18, 01 Completed JUNE 6, 01

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.

Signed [Signature] WWC Number 601 Date 7/9/01

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

12
LAKE
4564

(START CARD) #

355/19E/186d
74282

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Name ZX RANCH Well Number 2
Address PO Box 7 Paisley
City PAISLEY State OR Zip 97263

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approved Yes No Depth of Completed Well 388' ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
81"	0	388'	CEMENT	0	20'	30 SACKS

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 20 ft. to 388 ft. Material _____
Gravel placed from 20 ft. to 388 ft. Size of gravel 3/8"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+1	20'	260	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 14"	0	388'	108	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method FABRY
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
278	328	1/8"	8,120	4x6"	14"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
368	388	1/8"	1,000	1/8x6"	14"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1850	60'	120'	1 hr.

Temperature of water 62° Depth Artesian Flow Found _____
Was a water analysis done? NO Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County LAKE Latitude _____ Longitude _____
Township 33.5 N or S Range 19 E or W. WM.
Section 18 SE 1/4 NW 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) FREED YARD
ACCA

(10) STATIC WATER LEVEL:

13 ft. below land surface. Date 3/19/95
Artesian pressure 0 lb. per square inch. Date 3/19/95

(11) WATER BEARING ZONES:

Depth at which water was first found 26'

From	To	Estimated Flow Rate	SWL
26'	95'	500+	13
135'	271'	1,000+	13
365'	388'	500+	13

RECEIVED

(12) WELL LOG:

Ground Elevation APR - 9 1995

Material	Water	From	To	SWL
SAND + GRAVEL	SALEM OREGON	0	26'	13'
BROWN CLAY		26'	48'	
SAND + 3/4" GRAVELS		48'	98'	
DARK BROWN SAND CLAY		98'	103'	
BROWN CLAY		103'	131'	
3/4" GRAVEL W/SAND		131'	141'	
BROWN CLAY		141'	176'	
SAND + GRAVEL		176'	206'	
BROWN CLAY		206'	239'	
SAND + GRAVEL 3/4"		239'	251'	
GRAY CLAY w/ 3/4" GRAVEL		251'	271'	
FINE SAND + GRAVEL 1/2"		271'	365'	
GRAY CLAY w/FINE SAND		365'	388'	
GRAVEL + SAND				

RECEIVED BY OWRD

MAY 21 2013

Date started SALEM 3/13/95 Completed 2/19/95
(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

WVC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

WVC Number 1555
Signed Bill [Signature] Date 3/3/95