

WELL LABEL # L 87764

START CARD # 1000407

(1) LAND OWNER Owner Well I.D. _____

First Name ANDRE Last Name MEYER
 Company _____
 Address PO BOX 459
 City LEXINGTON State OR Zip 97839

(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 795.00 ft.

| BORE HOLE | | | SEAL | | | sacks/ | |
|-----------|------|-----|-----------|------|-----|--------|-----|
| Dia | From | To | Material | From | To | Amt | lbs |
| 12 | 0 | 18 | Bentonite | 0 | 18 | 15 | S |
| 10 | 18 | 118 | Cement | 98 | 118 | 5 | S |
| 8 | 118 | 795 | | | | | |

How was seal placed: Method A B C D E

Other POURED BENTONITE

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 | Wld | Thrd |
|-------------------------------------|-------------------------------------|-----|-------------------------------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 8 | <input checked="" type="checkbox"/> | 2 | 118 | .25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input 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/ | Casing/ | Screen | From | To | Sern/slot | Slot | # of | Tele/ |
|--------|---------|--------|------|----|-----------|--------|-------|-----------|
| Screen | Liner | Dia | From | To | width | length | slots | pipe size |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 600 | | 795 | 1 |
| 300 | | 436 | 1 |
| 100 | | 300 | 1 |

Temperature 69 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
| | | | | |

(9) LOCATION OF WELL (legal description)

County Gilliam Twp 1.00 N N/S Range 22.00 E E/W WM

Sec 8 SE 1/4 of the SW 1/4 Tax Lot 1001

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

CORNER OF EIGHTMILE RD AND TREE LANE

(10) STATIC WATER LEVEL

| Existing Well / Predeepening | Date | SWL(psi) | + SWL(ft) |
|------------------------------|-------------------|----------|------------|
| Completed Well | <u>01-03-2007</u> | | <u>220</u> |

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 265

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|-------------------|------------|------------|------------|----------|------------|
| <u>01-02-2007</u> | <u>265</u> | <u>280</u> | <u>30</u> | | <u>220</u> |
| <u>01-02-2007</u> | <u>425</u> | <u>450</u> | <u>50</u> | | <u>220</u> |
| <u>01-02-2007</u> | <u>790</u> | <u>795</u> | <u>600</u> | | <u>220</u> |

(11) WELL LOG

Ground Elevation _____

| Material | From | To |
|--------------------------------|------|-----|
| SOIL | 0 | 30 |
| CLAY | 30 | 109 |
| BLACK BASALT | 109 | 150 |
| BROWN BASALT W/CLAY | 150 | 200 |
| BLACK BASALT | 200 | 265 |
| BLACK BASALT W/BLUE CLAYSTONE | 265 | 280 |
| BLACK BASALT | 280 | 425 |
| BLACK BASALT W/BLUE CLAYSTONE | 425 | 450 |
| BLACK BASALT | 450 | 611 |
| BROWN BASALT W/TAN CLAYSTONE | 611 | 620 |
| BLACK BASALT | 620 | 700 |
| BLACK BASALT W/BLUE CLAYSTONE | 700 | 730 |
| BLACK BASALT | 730 | 750 |
| SOFT BLACK BASALT | 750 | 775 |
| BLACK BASALT | 775 | 790 |
| BLACK BASALT W/GREEN CLAYSTONE | 790 | 795 |

Date Started 12-21-2006 Completed 01-04-2007

(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 1735 Date 01-04-2007

Electronically Filed

Signed CHAD COURTNEY (E-filed)

(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 544 Date 01-04-2007

Electronically Filed

Signed LARRY BURD (E-filed)

Contact Info (optional)

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RECEIVED

WATER WELL REPORT

FEB 8 1981

State Well No. 1N-22E-8ab

STATE OF OREGON

WATER RESOURCES DEPT APR 2 1982

State Permit No. deepening

Per Dr Miller Township & Sec.

SALEM, OREGON WATER RESOURCES DEPT

(1) OWNER:

Name Bill West
Address Rural Rt
City Almgton State Oreg

(2) TYPE OF WORK (check):

New Well [] Deepening [x] Reconditioning [] Abandon []

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air [x] Driven []
Rotary Mud [] Dug []
Cable [] Bored []

(4) PROPOSED USE (check):

Domestic [] Industrial [] Municipal []
Irrigation [] Test Well [x] Other []
Thermal: Withdrawal [] ReInjection []

(5) CASING INSTALLED:

NIL

Steel [] Plastic []
Threaded [] Welded []

LINER INSTALLED:

(6) PERFORATIONS:

Perforated? [] Yes [x] No

Type of perforator used

Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? [] Yes [x] No

Manufacturer's Name
Type Model No.
Diam. Slot Size Set from ft. to ft.
Diam. Slot Size Set from ft. to ft.

WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? [x] Yes [] No If yes, by whom? Farmer
ekd: 1000 gal./min. with 200ft. drawdown after 4 hrs.
Test gal./min. with drill stem at ft. hrs.
Surf test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.

(9) CONSTRUCTION:

Special standards: Yes [] No [x]

Well seal—Material used N.I.
Well sealed from land surface to ft.
Diameter of well bore to bottom of seal in.
Diameter of well bore below seal in.
Number of sacks of cement used in well seal sacks
How was cement grout placed?

Was pump installed? Type HP Depth ft.
Was a drive shoe used? [] Yes [x] No Plugs Size: location ft.
Did any strata contain unusable water? [] Yes [x] No
Type of Water? depth of strata
Method of sealing strata off
Was well gravel packed? [] Yes [x] No Size of gravel:
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Gilliam 8 Driller's well number
NW 1/4 NE 1/4 Section 29 T20N R 22E W.M.
Tax Lot # Lot Blk Subdivision
Address at well location: on Eight mile Canyon

(11) WATER LEVEL: Completed well.

Depth at which water was first found 174 ft.
Static level ft. below land surface. Date
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 10"

Depth drilled 570 ft. Depth of completed well 570 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

Table with columns: MATERIAL, From, To, SWL. Rows include Black Basalt, Black Basalt Rock Basalt, HARD Black Basalt, Black Basalt Rock Basalt, HARD Black Basalt.

Work started 12-15 1980 Completed 12-25 1980
Date well drilling machine moved off of well 12-25 1980

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Todd Horn Date 12-25 1980
(Drilling Machine Operator) 1345

Drilling Machine Operator's License No. 1345

Water Well Contractor's Certification:

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

Name Todd Horn Well Drilling
Address Rt 19 Box 14 Pilot Rock, Ore 97140
[Signed] Todd Horn
(Water Well Contractor)
Contractor's License No. 739 Date 12-25 1980

