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OBSERVATION WELL - DISCONTINUED

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STATE ENGINEER,
SALEM, OREGON

STATE ENGINEER WATER WELL REPORT
SALEM, OREGON

STATE OF OREGON

State Well No. 1294

State Permit No. 6-1357

(1) OWNER:

Name FORREST SKINNER
Address CRAVE BOX 7
DREXON

(2) LOCATION OF WELL:

County HARNEY Owner's number, if any - 1
SW 1/4 SE 1/4 Section 30 T. 25 R. 24 W.M.
Bearing and distance from section or subdivision corner
200 ft North of south line
300 ft east of west line

(3) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED:

Threaded Welded
1 1/2" Diam. from 0 ft. to 20 ft. Gage 3/16"
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Perforated? Yes 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.
perforations from _____ ft. to _____ ft.

(8) SCREENS:

Well screen installed Yes No

Manufacturer's Name _____
Type _____ Model No. _____
Slot size _____ Set from _____ ft. to _____ ft.
Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.
Was a surface seal provided? Yes No To what depth? _____ ft.
Material used in seal - _____
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:

Static level 30 ft. below land surface Date 6/10/57
Artesian pressure _____ lbs. per square inch Date _____

Log Accepted by: _____

[Signed] Forrest Skinner Date Feb - 24, 1957
(Owner)

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom? myself
Yield: 1000 gal./min. with 2 ft. drawdown after 12 hrs.

Bailer test gal./min. with _____ ft. drawdown after _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well 1 1/2" inches.

Depth drilled _____ ft. Depth of completed well _____ ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
topsoil	0	1
hard clay	1	2
sandy clay	2	16
sand	16	20
hard, black rock	20	36
blue sandstone	36	47

WELL 1
couldn't find
well 5

Work started 5/31 1957 Completed 6/10 1957

(13) PUMP:

Manufacturer's Name Don't know
Type: turbine HP. 15 motor

Well Driller's Statement:

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

NAME Forrest Skinner
(Person, firm, or corporation) (Type or print)

Address Crave Box 7 Ore

Driller's well number _____

[Signed] Forrest Skinner
(Well Driller)

License No. 45 Date _____, 1957

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

HARNEY 50040 RECEIVED
MAY 31 1996

Label # 103155

Instructions for completing this report are on the last page of WATER RESOURCES DEPT.

(START CARD) # 83805

(1) OWNER:

Name Kinger Ranch Well Number SALEM, OREGON
Address HC 73-3221
City BURNS State OR Zip 97720

(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 210 ft.
Explosives used Yes No Type _____ Amount _____

HOLE

Diameter			SEAL			Sacks or pounds
From	To	Material	From	To		
18	0	18 bentonite	0	18	20	sacks
14	18	210				

How was seal placed: Method A B C D E

Other poured dry and tamped

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	14	+1	80	250	<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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____

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

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Time
200	24	160	3 hr.

Temperature of water _____ 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 sandy

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____
Township 25S N or S Range 34E E or W. WM.
Section 31 SE 1/4 SW 1/4
Tax Lot 2600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 78 HC 73-3221 Burt

(10) STATIC WATER LEVEL:

29 ft. below land surface. Date 5-17-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 52

From	To	Estimated Flow Rate	SWL
52	205		

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
topsoil sandy loam	0	1	
clay brn.	1	25	
clay sand fine brn	25	37	
sand clay	37	52	
sand fine grey	52	55	
clay grey	55	72	29
clay blue	72	75	
clay grey	75	90	
sand, gravel med	90	100	29
sandstone brn	100	159	29
clay sand/white	159	169	
sand & sandstone	169	205	29
clay/claystone yellow	205	210	

Date started 5-9-96 Completed 5-17-96

(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 Timothy K. Riley

WWC Number 1424

Date 5-28-96

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

RECEIVED
MAY 29 2014
By _____

3/7/2013

(1) LAND OWNER

First Name JIM Owner Well I.D. _____
 Last Name GILMOUR
 Company RIVER BOTTOM FARM INC.
 Address 30427 STELLMACHER DR
 City ALBANY State OR Zip 97321

(2) TYPE OF WORK

New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stil Plstc Wld Thrd
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

(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

Depth of Completed Well 300.00 ft. Special Standard (Attach copy)

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	lbs
20	0	78	Bentonite Chips	0	24	42	S
16	78	300	Cement	24	78	35	S

How was seal placed: Method A B C D E
 Other BENTONIT CHIPS TO

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stil	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>	2	78	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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	Casing/ Liner	Screen Dia	From	To	Scrns/ slot width	Slot length	# of slots	Tele/ pipe size

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

Pump Bailor Air Flowing Artesian
 Yield gal/min 1022 Drawdown 197 Drill stem/Pump depth 240 Duration (hr) 6

Temperature 57 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 25.00 S N/S Range 34.00 E E/W WM
 Sec 31 SE 1/4 of the NW 1/4 Tax Lot 2601
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD
 Street address of well Nearest address
HWY 78 & RODEO, BURNS, OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	2/24/2013		39

Flowing Artesian? Dry Hole?

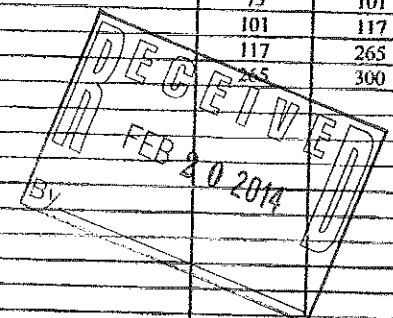
WATER BEARING ZONES

Depth water was first found 101.00

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
2/24/2013	101	300	1000		39

(11) WELL LOG

Material	From	To	Ground Elevation
top soil brown	0	2	
clay blue & brown strips	2	73	
rock black solid	73	101	
fractured basalt	101	117	
cinders black & red	117	265	
basalt black	265	300	



Date Started 2/19/2013 Complete 2/24/2013

(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 1896 Date 3/7/2013

Signed TONY HACKETT (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 1899 Date 3/7/2013

Signed SAM P KINGREY (E-filed)

Contact Info (optional) _____

WELL LABEL # L 88119
 START CARD # 185605

(1) LAND OWNER Owner Well I.D. _____
 First Name JIM Last Name GILMOUR
 Company _____
 Address 30427 SW STELLMACHER
 City ALBANY State OR Zip 97321

(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 140.00 ft.

BORE HOLE			SEAL		sacks/		
Dia	From	To	Material	From	To	Amt	lbs
32	0	20	Cement	0	20	62	S
24	20	140					

How was seal placed: Method A B C D E

Other Tremie Pipe

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 0 ft. to 140 ft. Material Gravel Size pea gravel

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"/>	24		1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12		1	59	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 Johnson Material Stainless

Perf/S	Casing/	Screen	From	To	Scr/slot	Slot	# of	Tele/
creen	Liner	Dia			width	length	slots	pipe size
Screen	Liner	12	59	139	80		80	12

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
950	83	120	10

Temperature 59 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 27.00 S N/S Range 33.00 E E/W WM
 Sec 1 NW 1/4 of the NW 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

57935 LAVA BED RD, PRINCETON; ALSO SECTION 2

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>08-05-2008</u>		<u>17</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 28

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>07-08-2008</u>	<u>28</u>	<u>140</u>			<u>17</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil	0	2
Brown Clay	2	43
Gray Clay / Fine Sand	43	97
Green Clay	97	134
Blue Clay / Coarse Sand	134	140

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 By _____

Date Started 06-17-2008 Completed 08-05-2008

(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 _____
 Electronically Filed _____
 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 1675 Date 02-17-2011
 Electronically Filed _____
 Signed GEORGE VALENTINE (E-filed)
 Contact Info (optional) _____

LAKE HARN 51764

①

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

WELL I.D. # L 51610
 START CARD # 155952

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

(1) LAND OWNER Name Fred. Kreyer Well Number _____
 Address 57935 Lava Bed Rd
 City Princeton State Or Zip 97721

(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 145 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16	0	20	Bentonite	20	16	2 sacks
12	12	145	-	-	-	-

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: 12	12	78	250	ST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
500+	52	2	1 hr.

Temperature of water 68 Depth Artesian Flow Found _____
 Was a water analysis done? no Yes By whom _____
 Did any strata contain water not suitable for intended use? no Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Harney Latitude _____ Longitude _____
 Township 27S N or S Range 33E E or W. WM.
 Section 1 NW 1/4 NW 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 57935 Lava Bed Rd. Princeton, Or 97721

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date 6-18-04
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 129

From	To	Estimated Flow Rate	SWL
129	143	500	22

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	7	-
Brown Clay	7	34	-
Brown-Black Sand	34	55	-
Black Clay	55	70	-
Blue claystone	70	129	-
Hard Brown + Green Claystone			
Fractured	129	143	22
Blue Clay	143	145	22

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 WATER RESOURCES DEPT
 SALEM, OREGON

RECEIVED
 FEB 20 2004

Date started 6-6-04 Completed 6-18-04

(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 1521
 Signed Donald J. Reed Date 6-18-04

HARN 51070

A2

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

HARN
 51069

WELL I.D. # L 26620
 START CARD # 155953

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

(1) LAND OWNER Well Number _____
 Name Fred Kregen
 Address 57935 Lava Bed Rd
 City Princeton State OR Zip 97721

(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 30 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	31	Bent	0	31	17
12	42	130	-	-	-	-

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: 12	42	28	250	<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"/>	<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"/>

 Liner: _____
 Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/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
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
400+	70'	80'	1 hr.

Temperature of water 66 Depth Artesian Flow Found _____
 Was a water analysis done? Yes No 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 Marney Latitude _____ Longitude _____
 Township 27 S N or S Range 33 E E or W. WM.
 Section 1 NW1/4 NW 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 57935 Lava Bed Rd
Princeton, OR 97721

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 7-12-04
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
85	128	400	9

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	7	0
Brown Sand	7	16	-
Brown Clay	16	38	-
Grey Sand	38	67	-
Green Clay	67	85'	-
Broken Guben			
Clay w/cinder			
Layers (w/b)	85	128	9
Grey Clay	128	130	9

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JUL 15 2004

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

AUG 05 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 7-9-04 Completed 7-12-04
 (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 Donald H. Head WWC Number 6821
 Date 7-12-04

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ORIGINAL - WATER RESOURCES DEPARTMENT
 FEB 20 2014

By _____

HARN 51069

#3

FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

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

(1) LAND OWNER

Owner Well I.D. _____
 First Name Jim Last Name Gilmour
 Company _____
 Address 30427 S.W. Stellmacher
 City ALBANY State OR Zip 97321

(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

Industrial/Commercial Livestock Irrigation Community
 Thermal Other Dewatering Injection

(5) BORE HOLE CONSTRUCTION

Special Standard: Yes (attach copy)
 Depth of Completed Well 120 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (cyls/lbs)
28"	0	18	Bentonite	0	18	
35"	18	120				

How was seal placed: Method A B C D E
 Other Poured Dry & Tamped

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 0 ft. to 120 ft. Material Pergravel Size 3/8
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	X	12"		+2	120	.250	X			
X	X	20"		+1	20	.250	X		X	

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Saw cut Steel
 Screens Type Rossmoss Material Stainless

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X	X	X	X	12"	100	120		3"	480	
				12"	60	100	1/25	cont.	2	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
70	10'		1 hr

Temperature 59 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From _____ To _____ Description _____ Amount _____ Units _____

RECEIVED
 MAR 05 2009

(9) LOCATION OF WELL (legal description)

County Harney Twp 27 N or S Range 33 E or W W.M.
 Sec 1 NW 1/4 of the NW 1/4 Tax Lot 200
 Tax Map Number 200 Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 57935 Lava Bed Rd. Princeton

(10) STATIC WATER LEVEL

Existing Well/Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>1-28-09</u>			<u>2 12</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 35

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>1-28-09</u>	<u>35</u>	<u>120</u>	<u>600</u>			<u>2 12</u>

(11) WELL LOG

Material	From	To	Ground Elevation
clay loam topsoil	0	2	
clay, brn	2	35	
clay green	35	40	
clay, blk	40	43	
clay green	43	75	
sand fine blk	75	85	
claystone green	85	100	
silt grey	100	110	
clay green	110	120	

Date Started 1-21-09 Completed 1-28-09

(unbonded) Water Well Constructor Certification
 I certify that the work 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 _____

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 2-3-09

Signed James H. Kelly

Contact Info. (optional) _____

HARN
 LAKE 51541

4

1200/112

PP. 00. 01. 116 P. 2

RECORDING COVER SHEET

ORS 205.234

This cover sheet has been prepared by the person presenting the attached instrument for recording. Any error in this cover sheet DOES NOT affect the transaction(s) contained in the instrument itself.

HARNEY COUNTY, OR **2012-0051**
DEED WD
Cnt=1 Pgs=3 **01/17/2012 10:40 AM**
Total: \$46.00

Please print or type information.

1. AFTER RECORDING RETURN TO -
Required by ORS 205.180(4) & 205.238:

Name: **JEFFERY T. MAUPIN and ERIN MAUPIN**

Address: **67477 SILVER CREEK RD.**

City, ST Zip: **RILEY, OR 97758**



I, Maria Iturriaga, County Clerk for Harney County, Oregon certify that the instrument identified herein was recorded in the Clerk records

Maria Iturriaga, CCC, Harney County Clerk

2. TITLE(S) OF THE TRANSACTION(S) - Required by ORS 205.234(1)(a)

Note: "Transaction" means any action required or permitted by law to be recorded, including, but not limited to, any transfer, encumbrance or release affecting title to or an interest in real property. Enter descriptive title for the conveyance instrument:
Document Title(s):

3. DIRECT PARTY / GRANTOR Names and Addresses - Required by ORS 205.234(1)(b)

Seller Name & Address: **PAUL W. ABLES, C/O ACCOUNT SERVICING CENTER, 2700 N. CENTRA AVE., STE 400, PHOENIX, AZ 85004-1159**

Seller Name & Address: **CHERYL R. ABLES, C/O ACCOUNT SERVICING CENTER, 2700 N. CENTRA AVE., STE 400, PHOENIX, AZ 85004-1159**

4. INDIRECT PARTY / GRANTEE Names and Addresses - Required by ORS 205.234(1)(b)

Buyer Name & Address: **JEFFERY T. MAUPIN, 67477 SILVER CREEK RD., RILEY, OR 97768**

Buyer Name & Address: **ERIN J. MAUPIN, 54421 HYW 78, BURNS, OR 97720**

5. For an instrument conveying or contracting to convey fee title, the information required by ORS 93.260:

UNTIL A CHANGE IS REQUESTED, ALL TAX STATEMENTS SHALL BE SENT TO THE FOLLOWING ADDRESS:

Name: **JEFFERY T. MAUPIN**

Address: **67477 SILVER CREEK RD.**

City, ST Zip: **RILEY, OR 97758**

6. TRUE AND ACTUAL CONSIDERATION - Required by ORS 93.030 for an instrument conveying or contracting to convey fee title or any memorandum of such instrument:

\$150,000.00

