

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

03-27-2008

WELL LABEL # L 93031

START CARD # 1002875

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

First Name _____ Last Name _____
Company NEWBERRY GEOTHERMAL LLC
Address C/O HAP TAYLOR
City BEND State OR Zip 97709

(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 583.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
14	0	118	Bentonite Chips	0	2	4	S
10	118	410	Cement	2	118	132	S
9.5	410	583					

How was seal placed: Method A B C D E

Other Poured Dry

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"/>	10	2	118	250		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	0	543	188		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	543	583	250		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 583

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Air Perf
Screens Type _____ Material _____

Perf/S	Casing/Screen	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Liner	8	539	579	125	2	1,440		

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

<input type="radio"/> Pump	<input type="radio"/> Bailer	<input checked="" type="radio"/> Air	<input type="radio"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		580	2

Temperature 53 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 21.00 S N/S Range 12.00 E E/W WM
Sec 29 SW 1/4 of the NE 1/4 Tax Lot NON
Tax Map Number _____ Lot _____
Lat 43° 43' 48.000" or 43.73000000 DMS or DD
Long -121° 18' 48.000" or -121.31333333 DMS or DD
 Street address of well Nearest address

FOREST SERVICE RD 558 DRILL PAD 29 NE CORNER

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	03-13-2008		325

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 400

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-10-2008	400	420	30		325
03-11-2008	458	510	40		325
03-11-2008	550	562	100		325
03-12-2008	570	583	500		325

(11) WELL LOG

Ground Elevation 5,800

Material	From	To
Clay Pumice	0	2
Ash Tuff Purple	2	22
Sand Pumice Brown	22	35
Cinders Black Sand	35	45
Cinders Ash Pumice	45	105
Lava Gray Hard	105	135
Lava Creviced Red Brown Vesicular	135	145
Lava Gray Hard	145	155
Broken Lava Basalt Caving	155	170
Lava Gray	170	190
Creviced Lava	190	220
Lava Gray	220	265
Conglomerate Brown	265	275
Lava Gray	275	320
Lava Red Brown Fractured Caving	320	345
Lava Fractured Clay Seams	345	400
Cobbles Sand Brown	400	421
Lava Gray	421	426
Lava Basalt Clay Seams	426	458

Date Started 01-17-2008 Completed 03-13-2008

(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 758 Date 03-27-2008

Electronically Filed

Signed THOMAS R PECK (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 1720 Date 03-27-2008

Electronically Filed

Signed JACK ABBAS (E-filed)

Contact Info (optional)

AUG 01 2008

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

