Application for Permanent Water Right Transfer



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.oregon.gov/OWRD

RECEIVED

SEP 2 2 2022

Part 1 of 5 – Minimum Requirements Checklist

This transfer application <u>will be returned</u> if Parts 1 through 5 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

Check all items included with this application. (N/A = Not Applicable)

- Part 1 Completed Minimum Requirements Checklist.
 - Part 2 Completed Transfer Application Map Checklist.
- Part 3 Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: <u>http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator</u>.
 - Part 4 Completed Applicant Information and Signature.
 - Part 5 Information about Water Rights to be Transferred: **How many water rights are to be transferred?** <u>4</u> List them here: <u>C-52618, 56506, 60745 & 92360</u>

Please include a separate Part 5 for each water right. (See instructions on page 6)
NOTE: A separate transfer application is required for each water right unless the
criteria in OAR 690-380-3220 are met.

Attachments:

 \boxtimes

 \boxtimes

 \boxtimes

 \boxtimes

 \boxtimes

 \boxtimes

 \boxtimes

 \boxtimes

 \mathbb{X}

Completed Transfer Application Map.

Completed Evidence of Use Affidavit and supporting documentation.

- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.

N/A Oregon Water Resources Department's Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.

N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.

N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500' from the surface water source and more than 1000' upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

		GR 0	TT
	(For	Staff Use Only)	VL
	WE ARE RETURNING YOUR APPLICATION FOR	THE FOLLOWING REASON(S):	
	 Application fee not enclosed/insufficient Land Use Form not enclosed or incomplete Additional signature(s) required Other/Explanation 	 Map not included or incomplete Evidence of Use Form not enclosed or incomplete Part is incomplete 	
	Staff:503	Date: /	
Revised 7/1/20	ZI Permanent Transfer Applica	ition Form – Page 1 of 19	TACS

SEP 2 2 2022

Part 2 of 5 – Transfer Application Map

OWRD

7

TACS

Your trans	sfer application will be returned if any of the map requirements listed below are not met.
	sure that the transfer application map you submit includes all the required items and he existing water right map. Check all boxes that apply.
⊠	Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/ . CWRE stamp and signature are not required for substitutions.
🛛 🗌 N/A	If more than three water rights are involved, separate maps are needed for each water right.
\boxtimes	Permanent quality printed with dark ink on good quality paper.
\boxtimes	The size of the map can be $8\frac{1}{2} \times 11$ inches, $8\frac{1}{2} \times 14$ inches, 11×17 inches, or up to 30×30 inches. For 30×30 inch maps, one extra copy is required.
\boxtimes	A north arrow, a legend, and scale.
\boxtimes	The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
\boxtimes	Township, Range, Section, ¼¼, DLC, Government Lot, and other recognized public land survey lines.
\boxtimes	Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
\boxtimes	Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
\boxtimes	Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
	Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
⊠	Proposed place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
	Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
	If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – $42^{\circ}32'15.5''$) or degrees-decimal with five or mere digits ofter the decimal (example – $42^{\circ}2764^{\circ}$)
	more digits after the decimal (example – 42.53764°).

Part 3 of 5 - Fee Worksheet

	FEE WORKSHEET for PERMANENT TRANSFER (except Substitution)								
1	Base Fee (includes one type of change to one water right for up to 1 cfs)		1 \$1,360						
	Types of change proposed:								
	Place of Use Character of Use Point of Diversion/Appropriation								
	Number of above boxes checked = $1(2a)$								
	Subtract 1 from the number in line $2a = 0$ (2b) If only one change, this will be 0								
2		2	2 0						
	Number of water rights included in transfer 4 Subtract 1 from the number in 3a above: 3 (3 RECEIVED								
	in be of the number in 5a above. <u>5 (5</u>								
3	Multiply line 3b by \$610 and enter » » » » SEP 2 2 2022 » » » » » »	3	\$\$1830						
	Do you propose to add or change a well, or change to a well?								
	No: enter 0 Yes: enter \$480 for the OWRD (4a)								
	Do you propose to add or change additional w								
	No: enter 0 Yes: multiply the number of additional wents by \$410 (4b)								
4	Add line 4a to line 4b and enter » » » » » » » » » » » » » » » » » » »	4	0						
	Do you propose to change the place of use or character of use?								
	No: enter 0 on line 5								
	\boxtimes Yes: enter the cfs for the portions of the rights to be transferred (see below*):0.42 (5a)								
	Subtract 1.0 from the number in 5a above: -0.58 (5b)								
	If 5b is 0 or less, enter 0 on line 5 » » » » » » » » » » » » » » » » » »								
-	If 5b is greater than 0, round up to the nearest whole number: <u>0 (5c)</u> and multiply								
5	5c by \$410, then enter on line 5 » » » » » » » » » » » » » » » » » »	5							
0	Add entries on lines 1 through 5 above » » » » » » » » » » » Subtotal:	6	\$3190						
	Is this transfer:								
	necessary to complete a project funded by the Oregon Watershed Enhancement Board								
	(OWEB) under ORS 541.932?								
	endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat?								
	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »								
7									
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » » »	7	0 \$3190						
*Ex	kample for Line 5a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 100 acres)								

of Supplemental Certificate 87654 (1/80 cfs per acre) on the same land:

1. For irrigation calculate cfs for each water right involved as follows:

a. Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs ÷100 ac); then multiply by the number of acres to be transferred to get the transfer cfs (x 45 ac= 0.56 cfs).

b. If the water right certificate does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)

2. Add cfs for the portions of water rights on all the land included in the transfer; however **do not count cfs for supplemental** rights on acreage for which you have already calculated the cfs fee for the primary right on the same land. The fee should be assessed only once for each "on the ground" acre included in the transfer. (In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

	FEE WORKSHEET for SUBSTITUTION		
1	Base Fee (includes change to one well)	1	\$990.00
	Number of wells included in substitution (2a)		
	Subtract 1 from the number in 2a above: (2b) If only one well this will be 0		
2	Multiply line 2b by \$480 and enter » » » » » » » » » » » » » » » » » » »	2	
3	Add entries on lines 1 through 2 above » » » » » » Fee for Substitution:	0 0 5	
	<u> </u>	v v	1.5-5

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.			
Russell B Mattis			541-953-2359	ADDITIONAL CONTACT NO.			
ADDRESS			341-333-2333				
				FAX NO.			
PO Box 87	1	T					
CITY	STATE	ZIP	E-MAIL				
Fort Rock	OR	97735					
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT							

ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.

Agent Information - The agent is authorized to represent the applicant in all matters relating to this application.

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.		
Scott D Montgomery/All Points	Engr & Sur	541-548-5833	541-420-0401			
ADDRESS				FAX NO.		
PO Box 767						
CITY	STATE	ZIP	E-MAIL			
Terrebonne						
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT						
ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.						

Explain in your own words what you propose to accomplish with this transfer application, and why: Moving outside part of center pivot to partial pivot for efficiency.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check One Box

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

RECEIVED SEP 2 2 2022 OWRD

SEP 2 2 2022

By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: <u>Lake County Examiner.</u>
- Amendments to the application may only be made in response to the Department's Draft Preliminary
 Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any
 issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be
 subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).
- Refunds may only be granted upon request and, as set forth in ORS 536.050(4)(a), if the Director determines that a
 refund of all or part of a fee is appropriate in the interests of fairness to the public or necessary to correct an error
 of the Department.
- I (we) affirm that the information contained in this application is true and accurate.

Applicant signature

<u>Russell B Mattis/Owner</u> Print Name (and Title if applicable)

<u>8-15-22</u>

Applicant signature

Print Name (and Title if applicable) Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? X Yes No*

*If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.

Check the following boxes that apply:

The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.

The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.

Both the receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold? 🗌 Yes 🔀 No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: https://www.oregon.gov/owrd/WRDFormsPDF/Transfer Property Transactions.pdf

RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.		
NA						
ADDRESS				FAX NO.		
				2		
CITY	STATE	ZIP	E-MAIL	1		
Describe any special ownership circumstances:						
The confirming Certificate shall be issued in the name of: Applicant Receiving Landowner						
Revised 7/1/2021 Pe	ermanent T	ransfer Application I	Form – Page 5 of 19	14095		

Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (**Tip: Complete and attach Supplemental Form D**.)

IRRIGATION DISTRICT NAME	ADDRESS	
NA		
CITY	STATE	ZIP

Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME	ADDRESS		
NA			
СІТҮ	STATE	ZIP	



To meet State Land Use Consistency Requirements, you must list all county, city, municipal corporation, or tribal governments within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME	ADDRESS			
Lake County	513 Center St			
CITY	STATE	ZIP		
Lakeview	OR	97630		

RECEIVED SEP 2 2 2022

Part 5 of 5 – Water Right Information

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 52618

Description of Water Delivery System

System capacity: 0.26 cubic feet per second (cfs) OR

____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. <u>Water is pumped from the authorized well and</u> <u>conveyed to a center pivot sprinkler that irrigates the place of use</u>.

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L)	Тwp		Twp Rng		Rng Sec		ec X X		Measured Distances (from a recognized survey corner)	
A Well	Authorized	LAKE 367/368	26	s	14	E	31	SE	NW	2200	2600' S & 2980' W from NE cor, Sec 31	

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

\boxtimes	Place of Use (POU)	Supplemental Use to Primary Use (S to P)
	Character of Use (USE)	Point of Appropriation/Well (POA)
	Point of Diversion (POD)	Additional Point of Appropriation (APOA)
	Additional Point of Diversion (APOD)	Substitution (SUB)
	Surface Water POD to Ground Water POA (SW/GW)	Government Action POD (GOV)

Will all of the proposed changes affect the entire water right?

Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.

igee No $\,$ Complete all of Table 2 to describe the portion of the water right to be changed.

RECEIVED SEP 2 2 2022

Revised 7/1/2021

14095

Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.	Do you have questions about how to fill-out the tables? Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 52618

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change. 4 0 If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

۲ 				hat a	appea	ears o	on the	ne cert	tificate l		ds) OPOSED CHAN vill be changed.		Proposed Changes (see			т	he	listir			uld app		FTER F	on" lands) PROPOSED	CHANGES	5
Тwp	Rn	ıg	Sec	3	¥4 ¥4	T	Tax Lot	Gvt tLot or DLC	Acres	Certificate	POA(s) (name	Priority Date	"CODES" from	Tw	vp	Rŋį	g	Sec	1/4	i %	Tax Lot	Gvt		New T ype of USE	POD(s)/ POA(s) to be used (from	Priority Date
26 S	14	1 E	31	NW	V NE	/E 7	2200		0.8	IR	A Well	1979	POU	26	s	14	E	30	NE	sw	1400		0.7	IR	Table 1) A Well	1979
26 S	14	4 E	31	sw	VNE	/E 7	2200		5.3	IR	A Well	1979	POU	26	s	14	E	30	NW	sw	1400	3	2.2	IR	A Well	1979
<u> </u>	-	_	_		_	_		\square	 				POU	26	s	14	E	30	sw	sw	1400	4	0.4	IR	A Well	1979
												1	POU	26	s	14	E	30	SE	sw	1400		2.8	IR	A Well	1979
i					T(OTA	AL ACR	RES:	6.1			,								TO	TAL ACF	RES	6.1			

Additional remarks:

•



5

OWRE

Revised 7/1/2021

Permanent Transfer Application Form – Page 8 of 19

TACS

RECEIVED

SEP 2 2 2022

Certificate # 52618

For Place of Use or Character of Use Changes

OWRD

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? \square Yes \boxtimes No

If YES, list the certificate, water use permit, or ground water registration numbers:_____.

Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # _____; Surface water primary Certificate # _____.

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department's web page at: <u>http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx</u>

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Number See well log	(Tes OF NO)	L					(in feet)	(in feet)	basalt, etc.)	of wat
Proposed or Authorized POA Name or	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No.	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals	Static water level of completed well	Source aquifer (sand, gravel,	Well rate gpm) than 1



CERTIFICATE # 56506

Description of Water Delivery System

System capacity: 0.94 cubic feet per second (cfs) OR

____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. <u>Water is pumped from the authorized well and</u> <u>conveyed to a center pivot sprinkler that irrigates the place of use.</u>

 Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

 (Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L)	Tw	'n	R	ng	Sec	X	. X	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
A Well	Authorized	LAKE 367/368	26	s	14	Ε	31	SE	NW	2200	2600' S & 2900' W from NE Cor, Sec 31

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

\boxtimes	Place of Use (POU)	Supplemental Use to Primary Use (S to P)
	Character of Use (USE)	Point of Appropriation/Well (POA)
	Point of Diversion (POD)	Additional Point of Appropriation (APOA)
	Additional Point of Diversion (APOD)	Substitution (SUB)
	Surface Water POD to Ground Water POA (SW/GW)	Government Action POD (GOV)

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- \bigotimes No Complete all of Table 2 to describe the portion of the water right to be changed.



RECEIVED

SEP 2 2 2022

Please use and attach additional pages of Table 2 as needed.	Do you have questions about how to fill-out the tables?
See page 6 for instructions	Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 56506

List the change proposed for the acreage in each ½ ½. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

	Т	he	listi List	ng t only	hat a	appe	ears	s on th	e cert	ificate	or "off" land BEFORE PRC r right that wi	ls) DPOSED CHA ill be changed.	NGES	Proposed Changes (see				The	listir			uld app		FTER F	n″ la nds) PROP OSED	CHANGES	5
Tw	p	Rn	g	Sec		Va Va		Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Date	"CODES" from previous page)	тν	vp	Rr	ng	Sec	74	1/4	Tax Lot	Gvt Lot or DLC	Acres	New T ype o USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
26	s	14	E	31	NV	V N	w	2200	1	0.1	IR	A Well	1975	POU	26	s	14	E	30	NE	sw	1400		0.3	IR	A Well	1975
26	s	14	E	31	sv		w	2200	2	0.8	IR	A Well	1975	POU	26	s	14	E	30	NW	sw	1400	3	4.9	IR	A Well	1975
26	s	14	E	31	N	s	w	2200		2.3	IR	A Well	1975	POU	26	s	14	E	30	sw	sw	1400	4	1.9	IR	A Well	1975
26	s	14	E	31	NV	v s	w	2200	3	2.1	IR	A Well	1975	POU	26	s	14	E	30	SE	sw	1400		4.8	IR	A Well	1975
26	s	14	E	31	NV	v s	SE	2200	6	6.6	IR	A Well	1975	POU													1373
							тот	AL ACF	RES:	11.9		1								I	TO	TAL AC	RES:	11.9	-		

Additional remarks: _____.



Revised 7/1/2021

Permanent Transfer Application Form – Page 11 of 19

TACS

For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? \Box Yes \boxtimes No



If YES, list the certificate, water use permit, or ground water registration numbers:______

Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation) RECEIVED

Ground water supplemental Permit or Certificate # _____;
Surface water primary Certificate # _____.

SEP 2 2 2022

OWRD

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department's web page at: <u>http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx</u>

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	ls well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - rate gpm) than 1 of wat
See well log										

TACS

CERTIFICATE # 60745

Description of Water Delivery System

System capacity: 0.75 cubic feet per second (cfs) OR

____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. <u>Water is pumped from the authorized well and</u> conveyed to a center pivot sprinkler that irrigates the place of use.

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA) (Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)



Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

\boxtimes	Place of Use (POU)	Supplemental Use to Primary Use (S to P)
	Character of Use (USE)	Point of Appropriation/Well (POA)
	Point of Diversion (POD)	Additional Point of Appropriation (APOA)
	Additional Point of Diversion (APOD)	Substitution (SUB)
	Surface Water POD to Ground Water POA (SW/GW)	Government Action POD (GOV)

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the water right to be changed.

RECEIVED SEP 2 2 2022 OWRD

RECLIVED 860-2-2-2022

(GFI)ALO

Please use and attach additional pages of Table 2 as needed.	Do you have questions about how to fill-out the tables?
See page 6 for instructions.	Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 60745

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

	Th				nat ap	pear	s on t	ne cer	tificate		ls) DPOSED CHA ill be changed.		Proposed Changes (see				The	listir			uld app		FTER F	n″ la nds) PROP OSED	CHANGES	5
Twp	,	Rng	g	Sec	74	1/4	Tax Lo	Gvt tLot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Date	"CODES" from previous page)	тч	vp	Rı	ng	Sec	Х	1 %	Tax Lot	Gvt Lot or DLC	Acres	New T ype of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
26 S	:	14	E	31	NW	NE	2200		3.1	IR	A Well	1983	POU	26	s	14	E	30	NE	sw	1400		0.7	IR	A Well	1983
26	s :	14	E	31	NE	NW	2200		1.1	IR	A Well	1983	POU	26	s	14	E	30	NW	sw	1400	3	1.5	IR	A Well	1983
26	s :	14	E	31	NW	NW	2200	1	0.2	IR	A Well	1983	POU	26	s	14	E	30	sw	sw	1400	4	0.2	IR	A Well	1983
													POU	26	s	14	E	30	SE	sw	1400		2.0	IR	A Well	1983
						то	TAL AC	RES:	4.4							L			1	то	TAL AC	RES:	4.4		I	

Additional remarks:_____.

14095 8evised 7/1/2021

Permanent Transfer Application Form – Page 14 of 19

TACS

RECEIVED

SEP 2 2 2022

OWRD

For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? \square Yes \boxtimes No

If YES, list the certificate, water use permit, or ground water registration numbers:_____.

Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # _____; Surface water primary Certificate # _____.

SEP 2 2 2022

OWRD

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department's web page at: <u>http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx</u>

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	ls well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well rate gpm) than 1 of wat
See well log										





CERTIFICATE # 92360

Description of Water Delivery System

System capacity: 0.405 cubic feet per second (cfs) OR

____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. <u>Water is pumped from the authorized well and</u> <u>conveyed to a wheel line system that irrigates the place of use.</u>

 Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

 (Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)



Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

\boxtimes	Place of Use (POU)	Supplemental Use to Primary Use (S to P)
	Character of Use (USE)	Point of Appropriation/Well (POA)
	Point of Diversion (POD)	Additional Point of Appropriation (APOA)
	Additional Point of Diversion (APOD)	Substitution (SUB)
	Surface Water POD to Ground Water POA (SW/GW)	Government Action POD (GOV)

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the water right to be changed.



Please use and attach additional pages of Table 2 as needed.	Do you have questions about how to fill-out the tables?	
See page 6 for instructions.	Contact the Department at 503-986-0900 and ask for Transfer Staff.	

Table 2. Description of Changes to Water Right Certificate # 92360

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

	Th			0	at ap	opea	rs	on th	e cert	ificate I		ls) DPOSED CHAI ill be changed.		Proposed Changes (see													
Twp	,	Rng	g	Sec	%	i %		ſax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Date	"CODES" from previous page)	Тν	vp	Rr	ng	Sec	1/4	1⁄4	Tax Lot	Gvt Lot or DLC	Acres	New T ype of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
26	s	14	E	30	sw	sv	v	1400	4	8.96	IR	A Well	1970	POU	26	s	14	E	30	NW	NW	1400	3	1.34	IR	A Well	1970
26	s	14	E	30	SE	sv	v	1400		2.51	IR	A Well	1970	POU	26	s	14	E	30	sw	sw	1400	4	10.03	IR	A Well	1970
															26	s	14	E	30	SE	sw	1400		0.1	IR	A Well	1970
						Т	OT	AL AC	RES:	11.47											то	TAL AC	RES:	11.47		1	L

Additional remarks:_____.

RECEIVED SEP 2 2 2022 OWRD

Revised 7/1/2021

Permanent Transfer Application Form – Page 17 of 19

TACS

For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? \Box Yes \boxtimes No



If YES, list the certificate, water use permit, or ground water registration numbers:_____.

Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # ____; RECEIVED
Surface water primary Certificate # _____.
SEP 2 2 2022

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

OWRD

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.
 Tip: You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -specific rate (cfs or gpm). If less than full rate of water right
See well log										

The original and first copy of this report are to be filed with the		ED State Well N	265	8743 /14E	-31A
STATE ENGINEER, SALEM, OREGON 97510 (Please ty within 30 days from the date	F OREGON pe or print) JUN2 7 19 above this STATE ENGIN	/b State Permit	No. 6-	2	6-870
(1) OWNER:	(10) LOCATION O	GON			
Name Michael W. Mattis				#Z	
Address Fort Rock, Oregon 97735	County Lake			1 17	
- AUCA, UTEGOIL 97(3)	NE 14 SW 14 Sec			<u>4 E</u>	W.M.
(2) TYPE OF WORK (check):	Elearing and distance fro 2640' E 1985'		orner		1
New Well 🖄 Deepening 🔲 Reconditioning 🔲 Abandon 🗆	2040 11 1907	IN OIL DH CC	11161	Sec 9	1
If abandonment, describe material and procedure in Item 12.					
	- (11) WATER LEVI	EL: Completed	well.		
(3) TYPE OF WELL: (4) PROPOSED USE (check):	Depth at which water wa	s first found	128		ft.
Cable 🗍 Jetted 🗍 Domestic 🗋 Industrial 🗍 Municipal	Static level 128	ft. below land	surface.	Date 6	/11/75
Dug 🔲 Bored 🔲 Irrigation 🏝 Test Well 🗌 Other	Artesian pressure	lbs. per squ	are inch.	Date	
CASING INSTALLED: Threaded □ Welded ☑ 12 " Diam. from + 1 ft. to - 23 ft. Gage		Diameter of well ft. Depth of com			
"Diam. fromft. to		1	Contractory in the second	and the second s	
ft. to ft. Gage	ward bird of wardenacop wird .	nature of each strat	um and a	quifer pe	enetrated,
PERFORATIONS: Perforated?	with at least one entry for position of Static Water L				
Type of perforator used	MATERI		T	1	
	brn sandy soil		From	To	SWL
	brn congl		0	2	
perforations from ft. to ft.	brn clay congl		2	5	
	green clay congr	7	5	15	
	hd gray rock	1	15	24	
(7) SCREENS: Well screen installed? Ves Q No	brn sandstone		24	73	
Manufacturer's Name		1	73	120	
Type Model No.	med congl (wb coarse congl (w	<i>·</i>	120	150	
Diam	hd gray rock	0/	150	220	
Diam	red lava rock r	od at a description	220	223	
(8) WELL TESTS: Drawdown is amount water level is lowered below static level	Very coarse con		272 272	272 -285	128
Was a pump test made? 🗌 Yes 🖾 No If yes, by whom?	DECEN	/ED			
Yield: gal./min. with ft. drawdown after hrs.					
" " "	050.9.0	000			
n II n	SEP 2 2	2022			
Pation tast of	· · · · · · · · · · · · · · · · · · ·				
	OWR	D			
Artesian flow g.p.m.		E .			
perature of water 55 Depth artesian flow encountered ft.	Work started 5/27	19 75 Complete	ed 6/	/ 11	1975
(9) CONSTRUCTION:	Date well drilling machine	moved off of well	6/	/ 11	1975
Well seal-Material usedCement	Drilling Machine Opera	tor's Certification			
Well sealed from land surface toft.	This well was cons	tructed under my	direct	superv	vision.
Diameter of well bore to bottom of seal 16 in.	Materials used and info best knowledge and belie	rmation reported	above a	re true	to my
Diameter of well bore below seal	[Signed] W.Q.J.	et and the second of the second secon	Data 61	20	10 75
lumber of sacks of cement used in well seal	(Druing Ma	Cierrator)			
fumber of sacks of bentonite used in well seal sacks	Drilling Machine Operat	tor's License No	86	- 	
brand name of bentonite	1 Construction of the second sec	analas minimus do an an an		der normalisman	DESCRIPTION OF A PARTY OF
fumber of pounds of bentonite per 100 gallons	Water Well Contractor's				
f water	This well was drilled true to the best of my k	t under my jurisdi	ction and	l this rep	port is
Vas a drive shoe used? 🗌 Yes 🔩 No Plugs Size: location ft.	Name Crawford We	11 Drilling	GL.		
lid any strata contain unusable_water? 🗍 Yes 🐙 No	(Person, firm o	r corporation)	1 100	eGr print)
Type of water? depth of strata	Address 5626 N.W.	Coyner Redn	iond,	Ore	
fethod of sealing strata off	ISIMA LV	111			
Tas well gravel packed? [] Yes Z No_ Size of gravel:	[Signed]	CWater Well Contra	actor)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
ravel placed from ft. to ft.	Contractor's License No.	11		C	1075
	License No.			·,	19/.2

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*45656-119

PECEIVEM	(18) (5	268
NOTICE TO WATER WELL CONTRACTOR EC 2 6 1963	ELL REPORT JAK State Well No. 26/14	
The original and first conv	ELL REPORT	- 31
STATE ENGINEER, SALEM 10, OREGON STATE	OF OREGON State Well No	- 51
within 30 days from the date (Please of well completion.		02,6-
(1) OWNER: D/. Name ////////////////////////////////////	(11) WELL TESTS: Drawdown is amount water lowered below static level Was a pump test made? Yes No If yes, by whom?	level is
Address Fart Rock Oheron	Yield: 60-0 gal./min. with ft. drawdown af	ter
	20 T7 32	
(2) LOCATION OF WELL:	Gus Blazy " " Bailer test GOO gal./min. with ft. drawdown aff	
County Jake Driller's well number	- Artesian flow g.p.m. Date	ter
1/2 1/2 Section 5/ T. 265 R. 14 E. W.M.		Yes T
Bearing and distance from section or subdivision corner	(19) WELL LOG	1"
	Depth drilled 3/2 ft. Depth of completed well	011
		structure
	Formation: Describe by color, character, size of material and show thickness of aquifiers and the kind and nature of the m stratum penetrated, with at least one entry for each change	aterial in e of format
	MATERIAL FRO	1
TYPE OF WORK (check):	Och well.	M TO
r Well ☐ Deepening P Reconditioning ☐ Abandon [If abandonment, describe material and procedure in Item 12.		0/8
I	- Gravel & Sand 18	0 19
(4) PROPOSED USE (check): (5) TYPE OF WELL:	- mater increands	
Domestic Industrial Municipal Rotary Driven Cable Jetted	- Marin - Med 198	1 21
Irrigation Test Well	Land T. M. A. DA 1 21	1 31.
" Diam, from ft. to ft. Gage	RECEIVED	
(7) PERFORATIONS: Perforated? Ves No	SEP 2 2 2022	
 " Diam. fromft. toft. Gageft. Gageft. (7) PERFORATIONS: Perforated? Yes I No Type of perforator used 	SEP 2 2 2022	
(7) PERFORATIONS: Perforated? Yes No Type of perforator used	SEP 2 2 2022	
" Diam. fromft. toft. Gage	SEP 2 2 2022	
" Diam. fromft. toft. Gage	SEP 2 2 2022	
" Diam. fromft. toft. Gage	SEP 2 2 2022	
" Diam. fromft. toft. Gage	SEP 2 2 2022	
" Diam. fromft. toft. Gage	CINRD	
" Diam. fromft. toft. Gage	CINRD	
" Diam. from ft. to ft. Gage (7) PERFORATIONS: Perforated? □ Yes □ No Type of perforation used Size of perforations in. Size of perforations in. by in. perforations from ft. to ft. well screen installed? Yes □ No	SEP 2 2 2022	
" Diam. from ft. to ft. Gage (7) PERFORATIONS: Perforated? □ Yes □ No Type of perforation used Size of perforations in. Size of perforations in. by in. perforations from ft. to ft. value perforations from ft. to well screen installed? Yes □ No "		20 196
" Diam. fromft. toft. Gage	Date well drilling machine moyed off of well Mice 2	20 196
" Diam. fromft. toft. Gage	Date well drilling machine moyed off of well lie 2 (13) PUMP:	/ 196
" Diam. from ft. to ft. Gage (7) PERFORATIONS: Perforated? □ Yes □ No Type of perforation used Size of perforations in. by in. perforations from ft. to ft. well screen installed? Yes □ No "ufacturer's Name Model No. Diam. slot size Set from ft. to ft. Olam. Slot size Set from ft. to ft. Olam. Slot size Set from ft. to ft. Open of seal ft. Was a packer used? Depth of seal ft. Was a packer used?	Date well drilling machine moved off of well the 3 (13) PUMP: Manufacturer's Name	1 186
" Diam. fromft. toft. Gage	Date well drilling machine moved off of well 3 (13) PUMP: 3 Manufacturer's Name 1 Type: H.P.	1 186
" Diam. fromft. toft. Gage	Date well drilling machine moyed off of well 2 (13) PUMP: 2 Manufacturer's Name 4 Type: 4 Water Well Contractor's Certification:	186
" Diam. fromft. toft. Gage	Date well drilling machine moved off of well 3 (13) PUMP: 3 Manufacturer's Name 1 Type: H.P.	186
" Diam. fromft. toft. Gage	Date well drilling machine moyed off of well 2 (13) PUMP: Manufacturer's Name Type: H.P. Water Well Contractor's Certification: This well was drilled under my jurisdiction and the true to the best of my knowledge and belief.	186
" Diam. fromft. toft. Gage	Date well drilling machine moyed off of well /// 2 (13) PUMP: Manufacturer's Name Type: HP. Water Well Contractor's Certification: This well was drilled under my jurisdiction and the true to the best of my knowledge and belief. NAME (Person, film or corporation) (Type)	186
" Diam. fromft. toft. Gage	Date well drilling machine moyed off of well 2 (13) PUMP: Manufacturer's Name Type: H.P. Water Well Contractor's Certification: This well was drilled under my jurisdiction and the true to the best of my knowledge and belief.	186
" Diam. from ft. to ft. Gage (7) PERFORATIONS: Perforated? [] Yes [] No Type of perforator used Size of perforator used Size of perforations in. by perforations from ft. to machine ft. to perforations from ft. to perforations from ft. to scalar ft. to ft. to (8) SCREEENS: Well screen installed? [] Yes [] No "ufacturer's Name	Date well drilling machine moyed off of well /// 2 (13) PUMP: Manufacturer's Name Type: HP. Water Well Contractor's Certification: This well was drilled under my jurisdiction and the true to the best of my knowledge and belief. NAME (Person, film or corporation) (Type)	186
" Diam. fromft. toft. Gage	Date well drilling machine moyed off of well Acc 2 (13) PUMP: Manufacturer's Name Type: HP. Water Well Contractor's Certification: This well was drilled under my jurisdiction and the true to the best of my knowledge and belief. NAME L. E. Majors Drilling ((Person, film or corporation) (Type Address P.O. Bax 32.7 - Central Point	186

Application for Water Right Transfer Evidence of Use Affidavit



Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon

) ss County of <u>Lake</u>)

I, RUSSELL B MATTIS, in my capacity as OWNER,

)

mailing address PO Box 87, FORT ROCK, OR

telephone number (541)953-2359, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):

Personal observation Professional expertise

2. I attest that:

Water was used during the previous five years on the entire place of use for Certificate # 52618, 56506, 60745; OR

My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township	Range	Mer	Sec	1/4	1/4	Gov't Lot or DLC	Acres (if applicable)
						H		
						Н		
						Η		



OR

Confirming Certificate # 92360 has been issued within the past five years; OR

Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion <u>not</u> leased instream.); **OR**

The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.

Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # (For Historic POD/POA Transfers)

(continues on reverse side)

3. The water right was used for: (e.g., crops, pasture, etc.):

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Rubell B.

6-29-22

14095

Signed and sworn to (or affirmed) before me this 29^{+4} day of Juhe, 2022. 2 Phillips July 39,2023



Notary Public for Oregon

My Commission Expires:

Supporting Documents	Examples
Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date
Copies of receipts from sales of irrigated crops or for expenditures related to use of water	 Power usage records for pumps associated with irrigation use Fertilizer or seed bills related to irrigated crops Farmers Co-op sales receipt
Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	 District assessment records for water delivered Crop reports submitted under a federal loan agreement Beneficial use reports from district IRS Farm Usage Deduction Report Agricultural Stabilization Plan CREP Report
Aerial photos containing sufficient detail to establish location and date of photograph	Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added. Sources for aerial photos: OSU –www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terraserver.com
Approved Lease establishing beneficial use within the ast 5 years	Copy of instream lease or lease number

Revised 7/1/2021

Evidence of Use Affidavit - Page 1 of 2

TACS

RECEIVED SEP 2 2 2022 OWRD

14095



Remit To:

PO BOX 675023

541 475-9474

DALLAS TX 75267-5023

WILBUR-ELLIS COMPANY LLC

Bill To:

RUSSELL MATTIS 75720 MATTIS LANE PO BOX 87 FORT ROCK OR 97735

Page: 1 of 1 11788062 RI

Invoice Number.	11700002 11
Invoice Date:	05/22/18
Order Date:	05/17/18
Account Number:	1875779
Salesperson:	KNEPP, MICHAEL I
Branch: 410200 MAI	DRAS
500 N.W. C	HERRY LANE
MADRAS, C	OR 97741
Permit #:	
Exp. Date:	
Sales Order #:	9982750 SL
Customer P.O.:	

Description / Item Number		Quantity Shipped	Pack Size	Total Units	Price/UOM	Extended Price	Tax
MICROESSENTIALS SZ 12-40-0 10S BULK LB MSC	176856	42,260.0000	LB	21.1300 TN	648.4400 /TN	13,701.54	N
				RE	CEIVED		
				SEP	2 2 2022		
					WRD		
Ship To: RUSSELL MATTIS 75720 MATTIS LANE FORT ROCK OR 97735	Freight Carrier:			Subtotal Sales Tax		13,7	01.54 0.00
TERMS Due	Date						
	15/18			Total Due	06/15/18	13,7	01.54
				Total If Paid	d By Due Date	13,7	01.5

A service charge of the lesser of 1.5% per month, or the highest allowed by law, will be assessed on past due balances. Buyer will be liable for all collection costs and attorney's fees in connection with any delinquent amount.

ALL WILBUR-ELLIS COMPANY LLC ("COMPANY") PRODUCTS ARE SOLD ONLY PURSUANT TO THE TERMS OF THE COMPANY'S EXPRESS LIMITED WARRANTY AND LIMITATIONS ON REMEDIES, AND ALL OTHER WARRANTIES, EXPRESS OR IMPLIED (INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE) AND REMEDIES (INCLUDING ALL INCIDENTAL, INDIRECT, PUNITIVE, EXEMPLARY, AND CONSEQUENTIAL DAMAGES AND LOST PROFITS) ARE EXCLUDED AND DISCLAIMED. A COPY OF THE COMPANY'S EXPRESS LIMITED WARRANTY APPLICABLE TO EACH PRODUCT IS AVAILABLE ON THE PRODUCT LABELS APPLICABLE TO EACH PRODUCT. The Company does not warrant the results of any product application, and any recommendation made by the Company regarding a product is merely a statement of opinion by the Company. Technical services, including field checking, are advisory only, and supplement, but are not a substitute for, the Buyer's own care and expertise.

Company does not warrant the results of any product application, and any recommendation indue by the Company legating a product is interval statement of opinion by the Company. Terminell stretcs, including field checking, are advisory only, and supplement, but are not a substitute for, the Buyer's own care and expertise. ASSUMPTION OF RISK, BUYER CONFIRMS THAT IT HAS READ AND WILL COMPLY WITH THE PRODUCT LABEL AND ALL LAWS AND REGULATIONS RELATED TO THE PRODUCT BUYER, ON BEHALF OF ITSELF AND ITS CUSTOMERS, EMPLOYEES, AGENTS, AND CONTRACTORS, HEREBY: (1) ASSUMES ALL RISK AND LIABILITY ARISING OUT OF THE USE OF THE PRODUCT AND (2) RELEASES AND DISCHARGES, AND SHALL INDEMNIFY, DEFEND, AND HOLD HARMLESS, WILBUR-ELLIS COMPANY LLC AND ITS AFFILIATES,

EMPLOYEES, AGENTS, AND CONTRACTORS FROM, FOR, AND AGAINST ANY AND ALL LOSSES, CLAIMS, DAMAGES, AND EXPENSES (INCLUDING ATTORNEYS' FEES) ARISING FROM THE USE OF THE PRODUCT IN VIOLATION OF THE PRODUCT LABLE OR ANY APPLICABLE LAWS OR REGULATIONS.

PRODUCT RETURNS POLICY: Unless otherwise set forth on the product label, invoice(s), shipping document(s) or other written agreement(s) between the parties, qualifying, non-customized products that are unopened, in original condition and meet current regulatory requirements may be returned for credit within 12 months of purchase from the Company, subject to a restocking fee. All invoices and shipping documents must be included with the products in order to be eligible for credit. Customized products are not eligible for return.

documents must be included with the products in order to be eligible for credit. Customized products are not eligible for return. State of California: (i) Proposition 65 Warning: Fertilizers and Pesticides contain chemicals known to the State of California to cause cancer, birth defects, or other reproductive harm. California Health and Safety Code Section 25249.6. (ii) California Mill Assessment paid. (iii) VOC information was provided as required per Title 3, California Code of Regulations, section 6577.

State of Colorado: Commercial applicators are licensed by the Colorado Department of Agriculture.

State of Washington: The buyer of the products listed on this document has been informed and agrees that any products that bear combined labeling for uses onto or into water plus nonaquatic general uses, shall not be applied into or onto water by a noncertified applicator.

Invoice 1441



16755 Finley Butte Rd PO Box 127 LaPine OR 97739-0127

A Touchstone Energy Cooperative

MIDSTATE ELECTRIC CONTACT INFORMATION

PHONE (541) 536-2126 or (800) 722-7210 FAX (541) 536-1423 To report outages call (541) 536-2165 or (800) 752-5935 for 24 hour emergency service WEBSITE www.midstateelectric.coop Office hours: 7:00 A.M. - 5:30 P.M. Monday through Thursday, except holidays.

RUSSELL B MATTIS PO BOX 87 FORT ROCK OR 97735-0000

Summary Bill Invoice Group Number: 1441

Primary Account: 13905000

Account #	Service Location	Amount	Account #	Service Location	Amount
13905000	RANCH HOUSE MATTIS LN	\$73.67			
556712	SIMMONS-SOUTH 120 HP/FT 50 HP SOUTH	\$1,051.54			
675313	COGHILL 30 HP	\$538.77			
675614	PEACEFUL LN, 77084	\$69.64			
676311	MATTIS, DADS HSE/SHOP	\$143.88		46	
682014	CABIN LAKE RD, 61682	\$62.54	- Field	JE 6	
1000212	SMITH 25 HP	\$615.99	- Fier		
	SHOP	\$69.47			
	CORRAL WATER MATTIS LN	\$58.80			
	COGHILL HOUSE	\$57.07		RECEIVED	
	SIMMONS-NORTH 50 HP	\$881.77		1LULIULI	
	BIG PIVOT-150HP	\$2,676.98		0.0002	
	HWY 31, 50325	\$63.84		SEP 2 2 2022	
	PEACEFUL LN - STOCK WELL	\$137.31 \$678.73		01.	
203143500	MATTIS LN,30 HP	\$010.13			
				OWRD	
Billing Date	e: 07/17/2018 Due	Date: 08/06/2018		Total Amount Due:	\$7,180.00

Invoice Group Number/Primary Acct: 1441 13905000 Billing Cycle: 3

Current Charges Due Date: 08/06/2018	\$7,180.00
Total Amount Due:	\$7,180.00
Relief Fund Contribution: (optional)	
Total Amount Paid:	

RUSSELL B MATTIS PO BOX 87 FORT ROCK OR 97735-0000 MIDSTATE ELECTRIC COCHERATIVE, INC.

MIDSTATE ELECTRIC COOPERATIVE INC PO BOX 127 ³ LAPINE OR 97739-0127 Introduction of the second sec



(Culver (OR)) Helena Agri-Ent., LLC	Invoice		194737102
Culver OR 97734 541-546-5222 Fax: 541-546-2237	mvoice		13-1137 102
Bill To: RUSSELL MATTIS	Invoice Date Due Date	05/23/2018 06/15/2018	
PO BOX 87 FORT ROCK, OR 97735-0087	Customer ID	6654455	
US	statutine (* 6.3038 887. autoriterater secto la s		
	Salesperson Shipping Loc.	23582 1	
3110 10. 75720 MATTIS LIN	avent to plot tillion of the second s		
FORT ROCK, OR 97735-9708 US	un transfor entit indene. Aus leider eine nertitet	Real and Real	
	namia lieur, just sait a		
Comments: DELV BY CLAYTON	NERGERAR CHA		and and a second s
Quantity Description	all states independent in a	Unit Price	Total \$
80.000 BAG Barley Haybet (50 Lb Bag)(Bag)	ar the second a 179 sta	12.46 /BAG	996.80
	- 17 Anno 19 An		
	e Syllene (* 1997) Poreske Merioda		
가지 않는 것을 가지 않 같은 것은 것을 가지 않는 것을 가지 않 같은 것은 것을 것을 하는 것을 것을 하는 것을 것을 것을 수 있다. 것을			
2. 如此一部分,如此一部分,如此的部分与通过,这次是他就是有了一些。 如此一部分,并且一部分,并且一部分,并且不能可能。	MARIAN MARINA SA	ng 196 (DAHOF P.). Ng 196 (DAHOF P.).	
RECEIVED	and the second second		
SEP 2 2 2022	n an age a start an Turn		
ONNER			
		N	
	and the second sec	Sub-Total	996.80
NOTE: By acceptance of the products or services reflected on this invoice, the purchaser agrees to be be all the terms and conditions of sale set forth in this invoice, including those on the reverse side of this in	ound by	unt Due	996.80
	Remit To: Helena P O Bo	a Agri-Enterprise ox 742558	es, LLC
HD		geles CA 9007	

Invoice

14095

RUSSELL MATTIS

Mattis Ranch Inc.

PO Box 87 Fort Rock, OR 97735

Invoice

Date	Invoice #
10/30/2018	18-161



Bill To Paul Staehely 21303 S.Central Pt. Rd. Oregon City, OR. 97045

P.O. Number	Terms	Rep	Ship	Via	F.O.I	3.	Project
	Due on receip	pt	10/30/2018				
Quantity	Item Code	T	Descriptio	on	T	Price Each	Amount
31.82 #0	6-1ST-2018		P-#6-1ST-48 BALES RECEIVED SEP 2 2 2022			150	.00 4,773.0
					-	Total	\$4,773.00

. 1

, . ١

.

:

. :

.

l ,

;

I

1. 1997 A. S. 1997 A.

M0520645

RECEIVED

SEP 2 2 2022

OWRD

LA PINE, OR 97739 Until a change is requested all tax statements shall be sent to the following address: RUSSELL B. MATTIS

113274

WARRANTY DEED -- STATUTORY FORM

WILLIAM L. SMITH and MARY ANN SMITH, as tenants by the entirety, Grantor,

conveys and warrants to

FORT ROCK, OR 97735

420354

PO BOX 87

After recording return to: WESTERN TITLE & ESCROW COMPANY

16455 WILLIAM FOSS ROAD

26 14 00 - 021

RUSSELL B. MATTIS, an individual, Grantee,

the following described real property, free of encumbrances except as specifically set forth herein, to wit:

SEE EXHIBIT A WHICH IS MADE A PART HEREOF BY THIS REFERENCE Tax Account No(s): 1402 Map/Tax Lot No(s): 2614-2100

This property is free from encumbrances, EXCEPT: All those items of record, if any, as of the date of this deed, including any real property taxes due, but not yet payable.

The true consideration for this conveyance is \$90,000.00 .

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Dated this a 3rd day of August, 2004.

WILLIAM L. SMITH William & Smith

Evelyn E Senks, P.O.A. EVELYN E. SENSKE, BV. HIS ATTORNEY IN FACT

Imith MARY ANN SMITH

STATE OF OREGON, COUNTY OF DESCHUTES) SS.

This instrument was acknowledged before me on August 23, 2004 by EVELYN E. SENSKE, POWER OF ATTORNEY FOR WILLIAM L. SMITH AND MARY ANN SMITH.

owell Public for Oregon) (Notary 108 My commission expires

TITLE NO. 14-0057104 ESCROW NO. 14-0057104



14095

RECEIVED

SEP 2 2 2022

OWRD

Exhibit "A"

Real property in the County of Lake, State of Oregon, described as follows:

The Northeast 1/4 of the Southwest 1/4 and the Northwest 1/4 of the Southeast 1/4 of Section 28 in Township 26 South Range 14 East of the Willamette Meridian in Lake County Oregon.

F

Together with an easement 30 feet in width for ingress and egress to the above described parcel along the Easterly line of the East 1/2 of the Northwest 1/4 of Section 28 in Township 26 South Range 14 East of the Willamette Meridian in Lake County Oregon.

Tax Parcel Number: 1046

	ile 645
I hereby certify that the	
was received and filed	14 20 04
on page 20 in bo	ok 243 record
of there are	of said County
County C	Deputy

. 1

Prepared by: YTURRI ROSE P.O. Box S Ontario, OR 97914

RECEIVED

SEP 2 2 2022

OWRD

RECORDE FORMATION:

M1470752

Until a change is requested, all tax statements shall be sent to: Mike & Linda Mattis PO. Box 63 Fort Rock, OR 97735

After recording return to: Yturri Rose LLP P.O. Box S Ontario, OR 97914

109309

BARGAIN AND SALE DEED

Michael W. Mattis and Linda A. Mattis, husband and wife in tenants by the entirety with right of survivorship, Grantor, conveys to Michael W. Mattis and Linda A. Mattis, tenants in common as to an undivided one-half interest with no rights of survivorship, Grantee, the following described real property:

See Attached Exhibit A

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

The true consideration for this conveyance is: Other property or value is part or the whole consideration.

Dated this $2.7^{-1.6}$ day of May, 2003.

9. Mattis

BARGAIN AND SALE DEED - Page 1of 3 223002/d1/23May03

14095

8n

M 470753

81

State of Oregon

County of Malheur

) ss.

The foregoing instrument was acknowledged before me this 2 day of May, 2003, by Michael W. Mattis and Linda A. Mattis, husband and wife in tenants by the entirety with right of survivorship.

Notary Public for Oregon. My Commission expires:

OFFICIAL SEAL RAY A BABB NOTARY PUBLIC-OREGON COMMISSION NO. 351121 MY COMMISSION EXPIRES DEC. 19, 2005

RECEIVED

SEP 2 2 2022

OWRD

BARGAIN AND SALE DEED - Page 2of 3 223002/d1/23May03

M2470754

EXHIBIT A

Land in Lake County, Oregon, more particularly described as follows:

Parcel No. 1:

y".

Township 26 South, Range 13 East of the Willamette Meridian, Section 25; All of Section. Section 36; All of Section. 61/12,18,16,17,19

Township 26 South, Range 14 East of the Willamette Meridian, Section 19: Government Lots 1, 2, 3, and 4; The N1/2 of the NE1/4; 62/14 The E1/2 of the W1/2; The S1/2 of the SE1/4.

The W1/2 of the W1/2, excepting therefrom property conveyed to Lake County, a political subdivision of the State of Oregon, by deed recorded Section 29; December 20, 1990, in Book 216 at Page 313, Deed of Records.

62/24

Section 30; All of Section.

Section 31; Government Lots 1, 2, and 3; The W1/2 of the NE1/4; The E1/2 of the NW1/4; The NE1/4 of the SW1/4; 62/22 The NW1/4 of the SE1/4.

Parcel No. 2

Section 28; The E1/2 of the NW1/4.

RECEIVED

SEP 2 2 2022

OWRD

County of Lake

I hereby certify that the within instrum ed and filed for record on the devot June 20 03 1:40 ordiock M. and recorded RO in book 259 record of said County ani County Ci Deputy

BARGAIN AND SALE DEED - Page 3of 3 223002/d1/22May03



6/29/22, 10:03 AM Page 1 of 2













Comments: Payment Origin:

Land Sale

Parcel ID:

Mattis Ranch Inc. - Fort Rock

2

One Terminal

Thank you, Lake County Lands Support: 5419476071

* The service fee is non-refundable.

RECEIVED SEP 2 2 2022 OWRD

Neecee

From: Sent: To: Subject: Lake County Lands <noreply@intellipay.com> Tuesday, July 5, 2022 10:30 AM Neecee Lake County Lands

Lake County Lands

Payment Receipt

All Points Engineering and Survey PO Box 767 Terrebonne OR 97630 541-548-5833 neecee@apeands.com

Your payment was successfully processed.

Thank you. Your payment has been received.

Resident Account:	Mattis Ranch Inc Fort Rock
Invoice:	C33293368
Payment Amount:	\$100.00
Service Fee:	\$2.49
Payment Total:	\$102.49
Payment Date:	07/05/2022
Card Number:	49094
Name on Card:	All Points Engineering and Survey
Card Type:	Visa Card
Authorization Code:	010868
Reference Number	C33293368P51154489

RECEIVED SEP 2 2 2022 OWRD

1

14095