

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

Part 1 of 4 – Minimum Requirements Checklist

This transfer application will be returned if Parts 1 through 4 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)

Received

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer Application Map Checklist.
- Part 3 – Completed Applicant Information and Signature.
- Part 4 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 1 List them here: C-82154**

Please include a separate Part 4 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.

- Application Fee** - payable by check to the Oregon Water Resources Department, the online fee calculator is located:
https://apps.wrd.state.or.us/apps/wr/wr_transfer_calculator/permanent_transfer.aspx

Attachments:

- 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 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.

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Evidence of Use Form not enclosed or incomplete
<input type="checkbox"/> Additional signature(s) required	<input type="checkbox"/> Part _____ is incomplete

Other/Explanation _____

Staff: _____ 503- _____ Date: ____/____/____

Your transfer application will be returned if any of the map requirements listed below are not met.

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A 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.
- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- A north arrow, a legend, and scale.
- 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.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- 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.
- N/A 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.
- N/A 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°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Thomas & Barbara Howard		PHONE NO. 541-589-2631	ADDITIONAL CONTACT NO.
ADDRESS PO Box 196		FAX NO.	
CITY Drewsey	STATE OR	ZIP 97904	E-MAIL tbhoward1974@gmail.com
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 Scott D Montgomery/All Points Engr & Surveying, Inc		PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767		FAX NO.	
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL scott@apeands.com
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:
 Adding additional wells will help provide more options to water the place of use.
 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.

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: Burns Times Herald.
- 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.

 Tom Howard
 Applicant signature

Thomas Howard, Owner
 Print Name (and Title if applicable)

8-7-25
 Date

Barbara Howard
 Applicant signature

Barbara Howard, Owner
 Print Name (and Title if applicable)

8/7/25
 Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? 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 NA			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
Describe any special ownership circumstances:				
The confirming Certificate shall be issued in the name of: <input type="checkbox"/> Applicant <input type="checkbox"/> Receiving Landowner				

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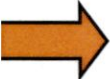
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Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME NA	ADDRESS	
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 NA	ADDRESS	
CITY	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 Harney County	ADDRESS 360 N Alvord	
CITY Burns	STATE OR	ZIP 97720

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Part 4 of 4 – Water Right Information

CERTIFICATE # 82154

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Description of Water Delivery System

System capacity: 3.28 cubic feet per second (cfs) OR
_____ gallons per minute (gpm)

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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. **Water is pumped from the authorized wells into a buried pipe network that conveys to two center pivot sprinklers.**

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-___)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
#1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 1053	24	S	34	E	36	SW	NE	6902	1350' S & 1310' E from N1/4 cor, Sec 36
#2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 52220	24	S	34	E	25	SW	SE	6902	1270' N & 1300' E from S1/4 cor, Sec 25
#3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	HARN 51033	24	S	34	E	25	SW	SE	6902	100' N & 100' E from S1/4 cor, Sec 25
#13	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51616	24	S	34	E	25	NE	NW	6900	43.464272' N & 118.599802' W
#16	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 51582	24	S	34	E	25	NE	NW	6900	43.462760' N & 118.599802' W
Lindsey	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	HARN 1047	24	S	34	E	36	SW	NE	6902	1260' S & 2635' W from NE cor, Sec 36

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

- | | |
|--|--|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> 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.

Table 2. Description of Changes to Water Right Certificate # 82154

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.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.												
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date			
										APOA	24	S	33	E	25	NE	SE	6900		32.0	IR	#1-#3, #13, #16 & Lindsay	1983
										APOA	24	S	33	E	25	NW	SE	6900		32.8	IR	#1-#3, #13, #16 & Lindsay	1983
										APOA	24	S	33	E	25	SW	SE	6900		35.6	IR	#1-#3, #13, #16 & Lindsay	1983
										APOA	24	S	33	E	25	SE	SE	6900		34.4	IR	#1-#3, #13, #16 & Lindsay	1983
										APOA	24	S	33	E	36	NE	NE	6902		32.6	IR	#1-#3, #13, #16 & Lindsay	1983
										APOA	24	S	33	E	36	NW	NE	6902		33.0	IR	#1-#3, #13, #16 & Lindsay	1983
										APOA	24	S	33	E	36	SW	NE	6902		34.0	IR	#1-#3, #13, #16 & Lindsay	1983
										APOA	24	S	33	E	36	SE	NE	6902		34.4	IR	#1-#3, #13, #16 & Lindsay	1983
										APOA	24	S	33	E	36	NE	SE	6902		0.7	IR	#1-#3, #13, #16 & Lindsay	1983
										APOA	24	S	33	E	36	NW	SE	6902		0.7	IR	#1-#3, #13, #16 & Lindsay	1983
TOTAL ACRES:							TOTAL ACRES:						270.2										

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Certificate # 82154

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? Yes 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 # _____.

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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:

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 logs										

Land Use Information Form



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

NAME Thomas & Barbara Howard			PHONE 541-589-2631	
MAILING ADDRESS PO Box 196				
CITY Drewsey	STATE OR	ZIP 97904	EMAIL Tbhoward1974@gmail.com	

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts, may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:	Proposed Land Use:
24S	33E	25	NE NW	6902	EFU	<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	IR

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Harney

NOTE: A separate Land Use Information Form must be completed and submitted for each county and city, as applicable.

B. Description of Proposed Use

Type of application to be filed with the Oregon Water Resources Department:

- Permit to Use or Store Water
 Water Right Transfer
 Permit Amendment or Ground Water Registration Modification
 Limited Water Use License
 Exchange of Water
 Allocation of Conserved Water

Source of water: Reservoir/Pond Ground Water Surface Water (name)

Estimated quantity of water needed: 3.28 cubic feet per second gallons per minute acre-feet

Intended use of water: Irrigation Commercial Industrial Domestic for _____ household(s)
 Municipal Quasi-Municipal Instream Other _____

Briefly describe:

Adding additional wells will help provide more options to water the place of use.

Note to applicant: For new water right applications only, if the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt on the bottom of page 4 and include it with the application filed with the Oregon Water Resources Department.

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Adding additional wells will help provide more options to water the place of use.

Note to applicant: For new water right applications only, if the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt on the bottom of page 4 and include it with the application filed with the Oregon Water Resources Department.

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For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water use(s), including proposed construction, are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): HCZO 3.10 / EPRU-1
- Land uses to be served by the proposed water use(s), including proposed construction, involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being Pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land use concerns or make recommendations to the Oregon Water Resources Department regarding this proposed use of water in the box below or on a separate sheet.

Name: Brendan McMullen Title: Planning Director
 Signature: [Signature] Date: 7/28/2025
 Governmental Entity: Harney County Phone: (541) 573-6655

Receipt Acknowledging Request for Land Use Information

Note to Local Government Representative:
 Please complete this form and return it to the applicant. **For new water right applications only**, if you are unable to complete this form while the applicant waits, you may complete this receipt and return it to the applicant. If you sign the receipt, you will have 30 days from the date of OWRD's Public Notice of the application to submit the completed Land Use Information Form to Oregon Water Resources Department. Please note while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for all other applications.

Applicant Name: _____

Staff Name: _____ Title: _____

Staff Signature: _____ Date: _____

Governmental Entity: _____ Phone: _____

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WATER WELL REPORT
STATE OF OREGON

HARN 1053

DEC 22 1981

State Well No. 245/33E-36ab

DUPLICATE

WATER RESOURCES DEPARTMENT
SALEM, OREGON

Harn 1053

(1) OWNER:

Name **Bob Cargill**

Address

City **Crane**

State **Oregon**

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air Mud Bored
Driven Dug Bored

(4) PROPOSED USE (check):

Domestic Irrigation Thermal
Industrial Test Well Withdrawal
Municipal Other ReInjection

(5) CASING INSTALLED:

Steel Threaded
Plastic Welded

16" Diam. from +1 ft. to 145 ft. Gauge .250
" Diam. from ft. to ft. Gauge

LINER INSTALLED:

" Diam. from ft. to ft. Gauge

(6) PERFORATIONS:

Perforated? Yes No

Type of perforator used **Roscoe Moss Louvered**

Size of perforations 1/8 in. by 2 3/8 in.
2070 perforations from 73 ft. to 121 ft.
3312 perforations from 121 ft. to 145 ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? Yes No

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

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level **Harney County Farm Supply**

1000 gal./min. with 98 ft. drawdown after 6 hrs.

Air test gal./min. with drill stem at ft. hrs.

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

Temperature of water 54° g.p.m. Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes No

Well seal—Material used **cement grout**
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 24 in.
Diameter of well bore below seal 16 in.
Number of sacks of cement used in well seal 3 1/2 yards sacks
How was cement grout placed? **from bottom up through tremie pipe**

Was pump installed? **no** Type HP Depth ft.

Was a drive shoe used? Yes No Plugs 16" Size: location 145 ft.

Did any strata contain unusable water? Yes No

Type of Water? depth of strata

Method of sealing strata off

Was well gravel packed? Yes No Size of gravel: 3/8 minus

Gravel placed from 18 ft. to 145 ft.

(10) LOCATION OF WELL:

County **Harney** Driller's well number **1**
NW 1/4 NE 1/4 Section **36** T. **24S** R. **3E** 33E.W.M.
Tax Lot # Lot Blk Subdivision
Address at well location:

(11) WATER LEVEL: Completed well.

Depth at which water was first found **30** ft.
Static level **28** ft. below land surface. Date **5-6-81**
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing

Depth drilled **145** ft. Depth of completed well **145** ft.

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

MATERIAL	From	To	SWL
topsoil, brown, sandy	0	1	
clay, yellow	1	26	
clay, brown w/ fine sand	26	35	
fine sand, brown, coarse	35	60	30
coarse sand, brown w/ fine grav	60	66	
coarse sand, brown/pumice	66	80	28
fine sand, brown/pumice	80	90	28
coarse sand, brown/pumice	90	104	28
fine sand, brown clay	104	106	
coarse sand, brown	106	120	
fine gravel, brown/coarse sand	120	127	
coarse gravel	127	130	
coarse sand, brown	130	138	28
Medium gravel	138	140	
clay, yellow	140	145	28

Received Received
SEP 26 2025 AUG 28 2025
OWRD OWRD

Work started **4-22** 1981 Completed **5-6** 1981
Date well drilling machine moved off of well **5-6** 1981

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] **John V. Oetter** Date **5-15**, 1981
(Drilling Machine Operator)

Drilling Machine Operator's License No. **1331**

Water Well Contractor's Certification:

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

Name **Oetter Drilling & Irrigation Co.**
(Person, firm or corporation) (Type or print)

Address **P.O. Box 876, Crane, Oregon 97732**

[Signed] **John V. Oetter**
(Water Well Contractor)

Contractor's License No. **773** Date **May 15**, 1981

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date of well completion.

SP*12658-690

14736

For Official Use Only:

Received Date:

County Well Log ID #

Well Identification Tag #

1053
Harn

47384

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: Tom or Barbara Howard

Mailing Address: P.O. Box 196

City: Drewsey State: OR Zip: 97904 Phone: 541-493-2603

WELL LOCATION:

County: Harney Owner's Well Number: 1

Township: 24S N or S, Range: 33E E or W, Section: 36 1/4 NE 1/4

Tax Lot Number: Type of Well: Irrigation water supply monitoring

Street Address of Well (if different from above): Crane-Buchanan Rd., Drewsey

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: Approx. Construction Date: 5-6-1981

Well Constructor: John V. Detter

Name of Owner at Time of Construction: Bob Cargill

Well Depth (in feet): 145' Static Water Level (in feet): 28'

Diameter of Exposed Well Casing (in inches):

Does this well have a formal water right associated with it? Yes: X No:

If Yes: Application #: Permit #: G-10396 Certificate #: G-10396

Please Return Completed Form to:

~~Larry D. McQueen~~ Janet Halliday
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

RECEIVED

JAN 16 2001

Received

SEP 26 2025

Received
AUG 28 2025

OWRD

(1) LAND OWNER Owner Well I.D. 2
 First Name TOM Last Name HOWARD
 Company _____
 Address P O BOX 196
 City DREWSEY State OR Zip 97904

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

(2a) PRE-ALTERATION
 Casing: Dia + From To Gauge Stl Plstc Wld Thrd
 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 Special Standard (Attach copy)
 Depth of Completed Well 232.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
24	0	117	Cement	0	117	101.25 S
20	117	260			Calculated	84.7
12	260	322			Calculated	

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 0 ft. to 322 ft. Material PEA GRAV Size pea gravel
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type Johnson Material Stainless Steel
 Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/ Screen Liner width length slots pipe size

Screen Liner	12	135	155	.01			12
Screen Liner	12	160	170	.01			12
Screen Liner	12	190	200	.01			12
Screen Liner	12	210	232	.01			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)
300 _____ 232 6

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 237
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 24.00 S N/S Range 33.00 E E/W WM
 Sec 25 SE 1/4 of the SE 1/4 Tax Lot 6902
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

2 MILES N/OF CRANE JUNCTION ON BUCHANAN RD LEFT SIDE OF HWY

(10) STATIC WATER LEVEL
 Existing Well / Pre-Alteration Date SWL (psi) + SWL (ft)
 Completed Well 6/11/2015 _____ 81
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 130.00

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
5/30/2015	130	232	300		81

(11) WELL LOG Ground Elevation 4136.00

Material	From	To
dark brown clay	0	2
light brown clay	2	26
light brown hard clay	26	52
grey clay	52	81
green clay	81	95
green clay	95	115
green black grey soft clay	115	130
sand & gravel	130	136
strips clay & sand	136	232
dark brown clay	232	265
grey clay	265	322

Received SEP 26 2025 Received AUG 28 2025
 OWRD OWRD

Date Started 5/15/2015 Completed 6/11/2015

(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 6/24/2015
 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 6/25/2015
 Signed SAMP KINGREY (E-filed)

Contact Info (optional) 14736-

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 WATER RESOURCES DEPT
 SALEM, OREGON

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

WELL I.D. # L 665246
 START CARD # 162589

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

(1) **LAND OWNER** Well Number _____
 Name Tom Howard
 Address PO Box 196
 City Drewsey State OR Zip 97904

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>28</u>	<u>+1</u>	<u>18</u>	<u>ben tonite</u>	<u>0</u>	<u>18</u>	<u>30 sacks</u>
<u>22</u>	<u>18</u>	<u>160</u>				
<u>12</u>	<u>160</u>	<u>170</u>				

How was seal placed: Method A B C D E
 Other paused dry + tamped
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 160 ft. to 0 ft. Size of gravel 3/8 pea

(6) **CASING/LINER:**

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>24</u>	<u>+1</u>	<u>20</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>12</u>	<u>+2</u>	<u>170</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) **PERFORATIONS/SCREENS:**

Perforations Method .125 continuous slot
 Screens Type _____ Material shininess steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>77</u>	<u>157</u>	<u>.125</u>	<u>continuous</u>	<u>12</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>100</u>	<u>7</u>		<u>1 hr.</u>

Temperature of water 59° Depth Artesian Flow Found _____
 Was a water analysis done NO Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) **LOCATION OF WELL by legal description:**
 County Harney Latitude _____ Longitude _____
 Township 24S N or S Range 33E E or W. WM.
 Section 25 SW 1/4 SE 1/4
 Tax Lot 6902 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Crane-Buchanan Rd

(10) **STATIC WATER LEVEL:**
58 ft. below land surface. Date 4-7-04
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 50

From	To	Estimated Flow Rate	SWL
<u>60</u>	<u>160</u>	<u>500</u>	<u>55</u>

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
<u>clay loam topsoil</u>	<u>0</u>	<u>1</u>	
<u>clay brn</u>	<u>1</u>	<u>45</u>	
<u>clay grey</u>	<u>45</u>	<u>60</u>	<u>55</u>
<u>sand blk</u>	<u>60</u>	<u>70</u>	<u>55</u>
<u>clay grey</u>	<u>70</u>	<u>78</u>	<u>55</u>
<u>sand blk w/clay layers</u>	<u>78</u>	<u>140</u>	<u>55</u>
<u>sand brn</u>	<u>140</u>	<u>160</u>	<u>55</u>
<u>clay yellow</u>	<u>160</u>	<u>170</u>	<u>55</u>

Date started 3-11-04 Completed 4-7-04

(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.
 WWC 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.
 WWC Number 1424
 Signed Timothy K. Ruby Date 4-19-04

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 51616

(ORS 537.765 & OAR 690-205-0210)

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

WELL LABEL # L 93570 ^{Harn 51616}
START CARD # 200525
ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D.
First Name Tom Last Name HOWARD
Company _____
Address PO Box 196
City DEWSEY State OR Zip 97904

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)
(2a) PRE-ALTERATION: Well Depth 235 ft.
Seal Material PORT. CEMENT
Casing Type: Steel Plastic Other _____
Casing Gauge .250 Casing Diameter 16"

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 235 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
		<u>12"</u>	<u>+</u>	<u>1 1/2'</u>	<u>235</u>	<u>.250</u>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

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

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

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<u>-135</u>	<u>235</u>	<u>1/8</u>	<u>3"</u>	<u>2000</u>	<u>PIPE</u>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 1000 Drawdown 215' Drill stem/Pump depth 1 Duration (hr) _____
Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County HARNY Twp 24 N of 33 E or W W.M.
Sec 25 NE 1/4 of the NW 1/4 Tax Lot 6900
Tax Map Number _____ Lot _____
Lat _____ " N 43.464272 DMS or DD
Long _____ " W 118.603480 DMS or DD
Street Address of Well (or nearest address) CRAN/BUCHANAN RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>7-17-09</u>		-	<u>64</u>
Completed Well	<u>7-21-09</u>		-	<u>64</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>CLEANED OUT FROM 200 - 235</u>		
<u>+ INSTALLED 12" LINER WITH</u>		
<u>100' OF FACT. PERFORATED LINER</u>		

RECEIVED

AUG 06 2009

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

FEB 19 2010

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 7-17-09 Completed 7-21-09

(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 1739 Date 8-04-09
Signed Charly Jay

(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 1355 Date 8-04-09
Signed Carthun Jay
Contact Info. (optional) Received

Received
SEP 26 2025
Received
AUG 28 2025

HARN 51582

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 100257

START CARD # 200512

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

(1) LAND OWNER Owner Well I.D. _____
 First Name TOM Last Name HOWARD
 Company _____
 Address PO Box 196
 City DREWSEY State OR Zip 97904

(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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 600 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	38	BENTONITE	0	38	56	SCKS
20"	38	212					
14"	212	540					
8"	540	600					

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

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		20"	+	2	38	.250	✓		✓	
		14"	+	2 1/2	212	.250	✓		✓	

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

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 125 Drawdown 177 Drill stem Pump depth 240 Duration (hr) 1 1/2

Temperature 68 °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 24 N of S Range 33 E of W.M.
 Sec 25 NE 1/4 of the NW 1/4 Tax Lot 6900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) CRANE - BUCHANAN RD.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>5-28-09</u>		-	<u>63</u>

Flowing Artesian? Yes Dry Hole? Yes
 WATER BEARING ZONES Depth water was first found 110'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>4-28-09</u>	<u>110</u>	<u>235</u>	<u>60 gpm</u>		-	<u>63</u>
<u>5-28-09</u>	<u>320</u>	<u>520</u>	<u>70</u>		-	<u>63</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY TOPSOIL	0	1
SANDY BRN CLAYSTONE	1	15
BRN. SAND	15	22
GRAY CLAY	22	37
SAND-GRAVEL (CEMENTED)	37	70
GRAY CLAY	70	110
BRN CLAYSTONE	110	132
BRN. CLAY-SAND	132	210
GRAY CLAY	210	235
GREEN CLAY	235	260
GREEN CLAYSTONE	260	320
FRACTURED GRN CLAYSTONE	320	520
SANDSTONE	520	600

Date Started 4-20-09 Completed 5-29-09

(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 1739 Date 6-05-09
 Signed Rocky Jay

(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 1355 Date 6-05-09
 Signed Arthur L Jay
 Contact Info. (optional)

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 JUN 09 2009

Received
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 SEP 26 2025
 AUG 28 2025
 OWRD
 OWRD

JUN 21 1989

24s/33E/36ab

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

1047
Harn

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 1640

(1) OWNER: Well Number: _____
Name Gerald A. & Ona L. Lindsey
Address PO Box 868
City Hines, Or 97738 State _____ Zip _____

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 157 ft.
Yes No
Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
27"	0	18	Cement	0	18	16
22"	20	157				

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	23"	+1	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	14"	+1.5	146	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	14	6	157	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) 157' plug

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
32'	146'	1/8" x 3" x 60" per		14'		<input checked="" 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 _____

850	39'	152	30 hr
-----	-----	-----	-------

Temperature of water 60° 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 24 S N or S, Range 33E E or W, WM.
Section 36 NW 1/4 NE 1/4
Tax Lot 9600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
31' ft. below land surface. Date 6/10/89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 49'

From	To	Estimated Flow Rate	SWL
49'	137'	1000	31

(12) WELL LOG: Ground elevation 4123' MSL

Material	From	To	SWL
Top soil sandy loam	0	2	
Clay/sand fine, brn	2	21	
Sand/ clay, brn	21	26	
Clay grey	26	49	
Sand, fine, brn w/b	49	60	31
Sand fine, brn	60	63	
Sand fine, brn	63	70	
Sand fine, blk	70	75	
Clay grey/sandfine blk	75	83	
Sand blk, grey fine	83	137	31
Clay, grey	137	147	
Clay, blue	147	157	

Received Received
SEP 26 2025 AUG 28 2025
OWRD OWRD

Date started 5/16/89 Completed 6/6/89

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
Signed [Signature] WWC Number 426 Date 6-15-89

Application for Water Right Transfer

Evidence of Use Affidavit



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

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 HARNEY

I, THOMAS HOWARD, in my capacity as OWNER
 mailing address PO BOX 196, DREWSEY, OR 97904
 telephone number (541)589-2631, 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 # 82154 **OR**

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

Certificate #	Township	Range	Mer	Sec	¼ ¼	Gov't Lot or DLC	Acres (if applicable)

OR

- Confirming Certificate # 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 not 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)

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

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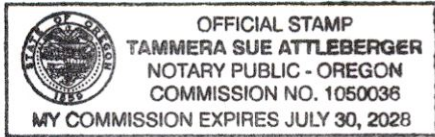
Received
 AUG 28 2025
 OWRD

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.

Tom Howard
Signature of Affiant

8-7-2025
Date

Signed and sworn to (or affirmed) before me this 7 day of August, 2025.



Tamera Sue Attleberger
Notary Public for Oregon

My Commission Expires: July 30, 2028

Supporting Documents	Examples
<input type="checkbox"/> 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
<input checked="" type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> ● Power usage records for pumps associated with irrigation use ● Fertilizer or seed bills related to irrigated crops ● Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> ● 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
<input checked="" type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>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.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terraserver.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

Received
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OWRD

14736 -



HARNEY ELECTRIC COOPERATIVE INC.
277 Lottery Lane • PO Box 587
Hines, Oregon 97738-0587

OWNED BY THOSE WE SERVE

BURNS OFFICE TELEPHONE (541) 573-2061
OROVADA SERVICE CENTER (775) 272-3336

<ul style="list-style-type: none"> • PAYMENTS MUST BE RECEIVED OR POSTMARKED BY THE DUE DATE TO RECEIVE THE 20% DISCOUNT. • FAILURE TO RECEIVE BILL DOES NOT EXEMPT YOU FROM MONTHLY PAYMENT. IF YOU DON'T GET A BILL, CALL HEC. 	
BILLING SUMMARY	Billing Date 05/05/2025
	Billing Forward 0.00
	Current Billing 92.25
	Discount if Paid by 05/25/2025 -18.45
	Amount Due if Paid by 05/25/2025 73.80
	Amount Due After 05/25/2025 92.25

11 0 SP 0.690
TOM M HOWARD
BARBARA J HOWARD
PO BOX 196
DREWSEY OR 97904-0196

5 11
C-1



pd. 5-13-25
ck# 5441

Account #: 23801

Page 1 of 1

Account #	Meter #	RATE	MULT	Previous Reading	Present Reading	KWH Used	Energy Charge	Other Charge	Security Light
Service Description				Service From:	Service To:	Demand Used	Demand/HP Charge	Tax Charge	Gross* Amount
23801	84281985	IR1	1.0	202648	202648	0	.38		
	74 HP	REG		04/28/25	05/01/25				.38*
	84281985	IR1	1.0	202644	202648	4	.38		
	74 HP	REG		04/28/25	05/01/25				.38*
24003	80044882	IR1	1.0	125183	125183	0	88.26		
	64 HP	REG		04/28/25	05/01/25				88.26*
	80044882	IR1	1.0	124254	125183	929	88.26		
	64 HP	REG		04/28/25	05/01/25				88.26*
647100	84281949	IR1	1.0	920616	920616	0			
	100 HP IRR	REG		04/28/25	05/01/25				*
	84281949	IR1	1.0	920616	920616	0			
	100 HP IRR	REG		04/28/25	05/01/25				*
679500	84281972	IR1	1.0	591487	591487	0	3.61		
	60+6 HP IRR	REG		04/28/25	05/01/25				3.61*
	84281972	IR1	1.0	591449	591487	38	3.61		
	60+6 HP IRR	REG		04/28/25	05/01/25				3.61*

Payments Received Since Last Billing \$2.11

Received

SEP 26 2025

OWRD

Received

AUG 28 2025

OWRD



HARNEY ELECTRIC COOPERATIVE INC.
277 Lottery Lane • PO Box 587
Hines, Oregon 97738-0587

OWNED BY THOSE WE SERVE

BURNS OFFICE TELEPHONE (541) 573-2061
OROVADA SERVICE CENTER (775) 272-3336

12 0 SP 0.690
TOM M HOWARD
BARBARA J HOWARD
PO BOX 196
DREWSEY OR 97904-0196

5 12
C-1



- PAYMENTS MUST BE RECEIVED OR POSTMARKED BY THE DUE DATE TO RECEIVE THE 20% DISCOUNT.
- FAILURE TO RECEIVE BILL DOES NOT EXEMPT YOU FROM MONTHLY PAYMENT. IF YOU DON'T GET A BILL, CALL HEC.

BILLING SUMMARY	Billing Date	06/05/2025	
	Billing Forward		0.00
	Current Billing		3,754.48
	Discount if Paid by	06/25/2025	-750.90
	Amount Due if Paid by	06/25/2025	3,003.58
	Amount Due After	06/25/2025	3,754.48

Account #: 23801

Page 1 of 1

Account #	Meter #	R A T E	M U L T	Previous Reading	Present Reading	KWH Used	Energy Charge	Other Charge	Security Light
Service Description				Service From:	Service To:	Demand Used	Demand/HP Charge	Tax Charge	Gross* Amount
23801	84281985	IR1	1.0	202648	202793	145	12.33	8.33	
	74 HP			05/01/25	06/01/25	1	480.67		501.33*
24003	80044882	IR1	1.0	125183	126680	1497	127.25	8.33	
	64 HP			05/01/25	06/01/25	2	220.46		356.04*
647100	84281949	IR1	1.0	920616	949316	28700	2,439.50	10.42	
	100 HP IRR			05/01/25	06/01/25	64			2,449.92*
679500	84281972	IR1	1.0	591487	591487	0		10.42	
	60+6 HP IRR			05/01/25	06/01/25		436.77		447.19*

pd. 6-10-25
ck# 5468

Payments Received Since Last Billing \$73.80

Received
SEP 26 2025
OWRD

Received
AUG 28 2025
OWRD

14736 -



HARNEY ELECTRIC COOPERATIVE INC.
277 Lottery Lane • PO Box 587
Hines, Oregon 97738-0587

OWNED BY THOSE WE SERVE

BURNS OFFICE TELEPHONE (541) 573-2061
OROVADA SERVICE CENTER (775) 272-3336

- PAYMENTS MUST BE RECEIVED OR POSTMARKED BY THE DUE DATE TO RECEIVE THE 20% DISCOUNT.
- FAILURE TO RECEIVE BILL DOES NOT EXEMPT YOU FROM MONTHLY PAYMENT. IF YOU DON'T GET A BILL, CALL HEC.

BILLING SUMMARY	Billing Date	07/03/2025
	Billing Forward	0.00
	Current Billing	4,267.02
	Discount if Paid by	07/25/2025 -853.40
	Amount Due if Paid by	07/25/2025 3,413.62
	Amount Due After	07/25/2025 4,267.02

12 0 SP 0.690
TOM M HOWARD
BARBARA J HOWARD
PO BOX 196
DREWSEY OR 97904-0196

5 12
C-1



Account #: 23801

Page 1 of 1

Account #	Meter #	RATE	MULT	Previous Reading	Present Reading	KWH Used	Energy Charge	Other Charge	Security Light
Service Description				Service From:	Service To:	Demand Used	Demand/HP Charge	Tax Charge	Gross* Amount
23801	84281985	IR1	1.0	202793	208536	5743	488.16		
	74 HP	REG		06/01/25	07/01/25	16	5.18		493.34 *
24003	80044882	IR1	1.0	126680	128263	1583	134.56		
	64 HP	REG		06/01/25	07/01/25	3	292.11		426.67 *
647100	84281949	IR1	1.0	949316	972859	23543	2,001.16		
	100 HP IRR	REG		06/01/25	07/01/25	64			2,001.16 *
679500	84281972	IR1	1.0	591487	612459	20972	1,782.62		
	60+6 HP IRR	REG		06/01/25	07/01/25	44	-436.77		1,345.85 *

pd. 7-15-25
ck# 5502

Payments Received Since Last Billing \$3,003.58

Received
SEP 26 2025

Received
AUG 28 2025

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HARNEY ELECTRIC COOPERATIVE INC.
 277 Lottery Lane • PO Box 587
 Hines, Oregon 97738-0587

OWNED BY THOSE WE SERVE

BURNS OFFICE TELEPHONE (541) 573-2061
 OROVADA SERVICE CENTER (775) 272-3336

- PAYMENTS MUST BE RECEIVED OR POSTMARKED BY THE DUE DATE TO RECEIVE THE 20% DISCOUNT.
- FAILURE TO RECEIVE BILL DOES NOT EXEMPT YOU FROM MONTHLY PAYMENT. IF YOU DON'T GET A BILL, CALL HEC.

12 0 SP 0.740
 TOM M HOWARD
 BARBARA J HOWARD
 PO BOX 196
 DREWSEY OR 97904-0196

5 12
 C-1



BILLING SUMMARY	Billing Date	08/05/2025	
	Billing Forward		0.00
	Current Billing		4,882.54
	Discount if Paid by	08/25/2025	-976.51
	Amount Due if Paid by	08/25/2025	3,906.03
	Amount Due After	08/25/2025	4,882.54

Account #: 23801

Page 1 of 1

Account #	Meter #	RATE	MULT	Previous Reading	Present Reading	KWH Used	Energy Charge	Other Charge	Security Light
Service Description				Service From:	Service To:	Demand Used	Demand/HP Charge	Tax Charge	Gross* Amount
23801	84281985	IR1	1.0	208536	212373	3837	326.15		
	74 HP	REG		07/01/25	08/01/25	16	167.19		493.34 *
24003	80044882	IR1	1.0	128263	129832	1569	133.37		
	64 HP	REG		07/01/25	08/01/25	3	293.30		426.67 *
647100	84281949	IR1	1.0	972859	989569	16710	1,420.35		
	100 HP IRR	REG		07/01/25	08/01/25	60			1,420.35 *
679500	84281972	IR1	1.0	612459	642367	29908	2,542.18		
	60+6 HP IRR	REG		07/01/25	08/01/25	44			2,542.18 *

pd. 8-14-25
 ck# 5527

Payments Received Since Last Billing \$3,413.62

Received Received
 SEP 26 2025 AUG 28 2025
 OWRD OWRD

14736 -

Simplot Grower Solutions Burns OR

70241 Old Experiment Rd
Burns OR 97720-2478



GROWER SOLUTIONS

Invoice

541202398

Pest Lic#: AG-L1064805PD

Bill To: TOM HOWARD
PO BOX 196
DREWSEY, OR 97904

Ship To: TOM HOWARD - PRIMARY
P.O. BOX 196
DREWSEY, OR 97904
UNITED STATES

Invoice Date 06/23/2025
Due Date 07/20/2025 C_5%15thNet20th
Customer ID 2092
Salesperson smithw
Shipping Loc. 1361
Field ID All
Acres 125
Ticket(s) 354121008

Comments: North Pivot

Quantity	Description	Unit Price	Total \$
Analysis: 46 - 0 - 0 - 0			
8.210 Tons	SSN-46N [T] 1005T	842.1096 /Tons	6,913.72
125.000 Acre	THIRD-PARTY BROADCAST-NUTRITION [1A]	11.60 /Acre	1,450.00

Received
SEP 26 2025
OWRD

Received
AUG 28 2025
OWRD

This Invoice is subject to the Terms & Conditions of Sale on the back of this Invoice, which form an integral part of this Invoice and the agreement between Customer and Simplot Grower Solutions.

Customer will pay all amounts under this Invoice when due. If Customer fails to pay amounts due under this Invoice on the Net Due Date, Customer will be charged interest at a rate of 2.0% per month (24% per annum) or the maximum rate allowed by law, whichever is less, on any unpaid amounts accruing from the date after the Net Due Date unless otherwise approved by Simplot Grower Solutions in writing.

It is not necessary for this Invoice to be signed to be enforceable against Customer, including without limitation invoices for custom spraying or application. By accepting these goods and/or services, Customer acknowledges and agrees that Customer understands and accepts the terms and conditions of this Invoice, including the Terms & Conditions of Sale.

Sub Total 8,363.72

Amount Due 8,363.72

Discount Options

If Paid By	Discount	Deduct	Pay This
07/15/2025	5.000%	418.19	7945.53

Remit To: Simplot Grower Solutions
1700 SW 4th St
Ontario OR 97914-4344
Phone #: 541-889-2353

Recommendation Was Made By or Provided to the Seller. Yes No

TOM HOWARD

Pesticide # Andy Root AG-L1012200CPA/ERIC Exp. Date 12/31/2026

Invoice

541202398

14736 -

Simplot Grower Solutions Burns OR **Simplot**
 70241 Old Experiment Rd
 Burns OR 97720-2478
 GROWER SOLUTIONS

Invoice 541202354

Pest Lic#: AG-L1064805PD
Bill To: TOM HOWARD
 PO BOX 196
 DREWSEY, OR 97904

Invoice Date 06/23/2025
Due Date 07/20/2025 C_5%15thNet20th
Customer ID 2092
Salesperson smithw
Shipping Loc. 1361

Ship To: TOM HOWARD - PRIMARY
 P.O. BOX 196
 DREWSEY, OR 97904
 UNITED STATES

Ticket(s) 1541201200

Comments: North Pivot

Quantity	Description	Unit Price	Total \$
160.000 Cwt	BARLEY VAQUERO [1C] Lot# 24-21-BSB	46.32 /Cwt	7,411.20

Received Received
 SEP 26 2025 AUG 28 2025
 OWRD OWRD

This Invoice is subject to the Terms & Conditions of Sale on the back of this Invoice, which form an integral part of this Invoice and the agreement between Customer and Simplot Grower Solutions.

Customer will pay all amounts under this Invoice when due. If Customer fails to pay amounts due under this Invoice on the Net Due Date, Customer will be charged interest at a rate of 2.0% per month (24% per annum) or the maximum rate allowed by law, whichever is less, on any unpaid amounts accruing from the date after the Net Due Date unless otherwise approved by Simplot Grower Solutions in writing.

It is not necessary for this Invoice to be signed to be enforceable against Customer, including without limitation invoices for custom spraying or application. By accepting these goods and/or services, Customer acknowledges and agrees that Customer understands and accepts the terms and conditions of this Invoice, including the Terms & Conditions of Sale.

Sub Total 7,411.20

Amount Due 7,411.20

Discount Options

If Paid By	Discount	Deduct	Pay This
07/15/2025	5.000%	370.56	7040.64

Remit To: Simplot Grower Solutions
 1700 SW 4th St
 Ontario OR 97914-4344
 Phone #: 541-889-2353

Recommendation Was Made By or Provided to the Seller. Yes No
TOM HOWARD

Invoice 541202354

14736 -



Pest Lic#: AG-L1064805PD
Bill To: TOM HOWARD
 PO BOX 196
 DREWSEY, OR 97904

Invoice Date 06/23/2025
Due Date 07/20/2025 C__Standard20th
Customer ID 2092
Salesperson smithw
Shipping Loc. 1361

Ship To: TOM HOWARD - PRIMARY
 P.O. BOX 196
 DREWSEY, OR 97904
 UNITED STATES

Ticket(s) 1541201224

Comments: RETURN

Quantity	Description	Unit Price	Total \$
-8.200 Cwt	BARLEY VAQUERO [1C] Lot# 24-21BSB	44.00 /Cwt	-360.80

Received
 SEP 26 2025
 OWRD

Received
 AUG 28 2025
 OWRD

This Invoice is subject to the Terms & Conditions of Sale on the back of this Invoice, which form an integral part of this Invoice and the agreement between Customer and Simplot Grower Solutions.

Customer will pay all amounts under this Invoice when due. If Customer fails to pay amounts due under this Invoice on the Net Due Date, Customer will be charged interest at a rate of 2.0% per month (24% per annum) or the maximum rate allowed by law, whichever is less, on any unpaid amounts accruing from the date after the Net Due Date unless otherwise approved by Simplot Grower Solutions in writing.

It is not necessary for this Invoice to be signed to be enforceable against Customer, including without limitation invoices for custom spraying or application. By accepting these goods and/or services, Customer acknowledges and agrees that Customer understands and accepts the terms and conditions of this Invoice, including the Terms & Conditions of Sale.

Sub Total -360.80

Credit Due -360.80
**** DO NOT PAY ****

Remit To: Simplot Grower Solutions
 1700 SW 4th St
 Ontario OR 97914-4344
 Phone #: 541-889-2353

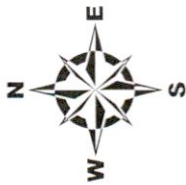
Recommendation Was Made By or Provided to the Seller. Yes No
TOM HOWARD

Credit Memo
 14736 -

541202376

T24S R 33E, W.M.

June 2020 aerial imagery from NRCS Gateway website imported into ArcMap GIS software in statewide Lambert projection.



Miles

Received
SEP 26 2025
OWRD

Received
AUG 28 2025
OWRD

14736 -

Oregon Water Resources Department
Transfer Fee Calculation for Permanent (Non-District) Transfer

Today's Date: Friday, August 1, 2025	Fee Calculation
Base Fee (includes one type of change to one water right for up to 1 cfs)	\$2,040.00
Fill in information below-- Check each box that applies.	
Types of Change Proposed:	
<input type="checkbox"/> Place of Use	
<input checked="" type="checkbox"/> Point of Diversion (POD)/Appropriation (POA); and/or Additional POD/POA; and/or SW POD to GW POD	
<input type="checkbox"/> Character of Use	\$0.00
Enter total number of water rights included in transfer. <input type="text" value="1"/>	\$0.00
<input checked="" type="checkbox"/> Check this box if you propose to add or change a well, or change from a surface water POD to a well.	\$720.00
Enter total number of groundwater wells (POAs) included in transfer. <input type="text" value="3"/>	\$1,230.00
<input type="checkbox"/> Check this box if you propose to change the place of use or character of use for a NON-irrigation right.	
<input type="checkbox"/> Check this box if you propose to change the place of use or character of use for an irrigation right.	
Total Transfer CFS(rounded up to the next whole cfs):	
Subtotal:	\$3,990.00
Check each box that applies.	
<input type="checkbox"/> The transfer is necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932.	
<input type="checkbox"/> The transfer is endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat.	
Discount:	
Transfer Fee:	\$3,990.00
<input type="button" value="Return to Edit"/> <input type="button" value="Clear"/>	

Received
SEP 26 2025
OWRD

Received
AUG 28 2025
OWRD



ALL POINTS
ENGINEERING & SURVEYING, INC.
 P.O. Box 767
 Terrebonne, Oregon 97760
 541-548-5833

Received
 SEP 26 2025

OWRD

TRANSMITTAL

To: Oregon Water Resources Dept
 725 Summer St NE, Suite A
 Salem, OR 97301-1266

Date: ~~8/22/2025~~ 9/20/25
 Attention: Transfers

Prints Plans Plat Specifications.

Attached is an Application for Transfer on Certificate 82154 for Howard Ranch..

If you have any questions, please don't hesitate to contact me.

Copies	No.	Description
1	1	App for Transfer (8 pages letter bond)
1	2	App Map (1 page letter bond)
1	3	Well Logs (7 pages letter bond)
1	4	Evidence of Use w/supporting documentation (10 pages letter bond)
1	5	Land use Form (3 pages letter bond)
1	6	Check for \$3990

Signed: Denise Montgomery

Received
 AUG 28 2025

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