

December 15, 2025

VIA HAND DELIVERY

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301

Received by OWRD

DEC 15 2025

Salem, OR

Re: ***Permanent Transfer Applications for Certificates 97555, 98758, 98687, and 98798***
Our File No. 57406-83078

To Whom It May Concern:

The purpose of this letter is to explain the relationship between the four individual permanent transfer applications submitted for Certificates 97555, 98758, 98687, and 98798 and to explain the background information relevant to the status of Certificates 98687 and 98798 as water uses subject to transfer.

First, the applicants for the four transfer applications are submitting these individual applications to ensure compliance with the Oregon Water Resources Department's ("Department") existing rules and to ensure maximum clarity for the Department as it reviews each transfer application. However, the applications are interconnected, and, taken together, they propose to effect various place of use "swaps" between different locations owned by the applicants. Notably, all the property to which the water rights are appurtenant is managed as part of a single operation by Mike and Sallie Peila. We are happy to answer any questions about the relationship between the applications should they arise during the Department's review.

Second, while all the water rights at issue in the four transfer applications constitute water uses subject to transfer under ORS 540.505(4), we expect that Certificates 98687 and 98798 will be replaced with new certificates shortly for the reasons explained below.

Certificates 98687 and 98798 are confirming certificates that resulted from transfer T-11751. Certified Water Rights Examiner Scott Montgomery submitted a claim of beneficial use ("COBU") for this transfer on March 15, 2024, six months ahead of the October 1, 2024, deadline for submission. OWRD approved the COBU and issued Certificates 98686 and 98798 on September 19, 2025. On October 7, 2025, the parties notified the Department that Certificate 98686 contained a scrivener's error. The Department issued a corrected certificate—Certificate 98687—on November 14, 2025 to correct the error. Shortly after that, Mr. Montgomery determined that the COBU had identified an incorrect point of appropriation, and he immediately emailed the Department to provide a revised COBU identifying the correct point of appropriation. On November 19, 2025, Kerry Kavanaugh confirmed receipt of the revised COBU and stated that the Department would prepare revised certificates to reflect the revised COBU. The Department is currently preparing new certificates to reflect the revised COBU, and we expect these will be completed soon.

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All the information in the transfer applications for current Certificates 98687 and 98798 reflects the revised COBU and the forthcoming replacement certificates. Given that OWRD has accepted the revised COBU and is working to issue new certificates that align with this COBU, these water right interests are the result of a transfer application for which the Department has issued an order approving the change under ORS 540.530 and for which a proper proof of completion of the change has been filed. As such, these water right interests are water uses subject to transfer pursuant to ORS 540.505(4)(d) and are appropriately filed with the Department.

Thank you for your time, and please do not hesitate to reach out with any questions.

Sincerely,

JORDAN RAMIS PC



Marika E. Sitz
Admitted in Oregon and Washington

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Application for Permanent Water Right Transfer

Part 1 of 4 – Minimum Requirements Checklist



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

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.

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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 – 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: 98798**
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):

- | | |
|--|--|
| ☐ Application fee not enclosed/insufficient | ☐ Map not included or incomplete |
| ☐ Land Use Form not enclosed or incomplete | ☐ Evidence of Use Form not enclosed or incomplete |
| ☐ Additional signature(s) required | ☐ Part _____ is incomplete |

Other/Explanation _____

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

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Part 2 of 4 – Transfer Application Map

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°).

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Part 3 of 4 – Applicant Information and Signature

Applicant Information **Salem, OR**

APPLICANT/BUSINESS NAME Mike & Sallie Peila			PHONE NO. 541-589-0207	ADDITIONAL CONTACT NO.
ADDRESS PO Box 537			FAX NO.	
CITY Hines	STATE OR	ZIP 97738	E-MAIL peilafam@gmail.com	
APPLICANT/BUSINESS NAME Jon & Margarita White			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS PO BOX 813			FAX NO.	
CITY HINES	STATE OR	ZIP 97738	E-MAIL	
APPLICANT/BUSINESS NAME Triangle Eleven, Inc., an Oregon corporation Mike Peila, President Sallie Peila, Secretary			PHONE NO. 541-589-0207	ADDITIONAL CONTACT NO.
ADDRESS PO Box 537			FAX NO.	
CITY Hines	STATE OR	ZIP 97738	E-MAIL peilafam@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. 844-223-9878	
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:
Propose to rearrange place of use to prioritize area under pivot sprinklers & add points of appropriation to increase flexibility to irrigate 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.

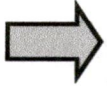
By my signature below, I confirm that I understand:

- 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.



John Michael Peila III
Applicant signature

John Michael Peila III 12-15-25
Print Name (and Title if applicable) Date

Sallie M Peila
Applicant signature

Sallie M. Peila 12-15-25
Print Name (and Title if applicable) Date

John Michael Peila III Pres.
Applicant signature

Triangle Eleven, Inc. an Oregon corporation
John Michael Peila III, President 12-15-25
Print Name (and Title if applicable) Date

Sallie M Peila, Sec
Applicant signature

Triangle Eleven, Inc. an Oregon corporation
Sallie M. Peila, Secretary 12-15-25
Print Name (and Title if applicable) Date

Jonathon Frank White
Applicant signature

Jonathon Frank White 12-15-25
Print Name (and Title if applicable) Date

Margarita Eileen White
Applicant signature

Margarita Eileen White 12-15-25
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? ☒ 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

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RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
NA				
ADDRESS			FAX NO.	
CITY	STATE	ZIP	E-MAIL	
Describe any special ownership circumstances:				

The confirming Certificate shall be issued in the name of:

Applicant

Receiving Landowner

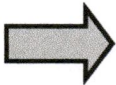
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☐ Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

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 _____

Description of Water Delivery System

System capacity: **7.80** 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 and conveyed into existing flood irrigation system.**

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	☒ Authorized ☐ Proposed	HARN 841/842	24 S	30 E	24	SW	NE	2101	2450' S & 630' W from E 1/16 cor, Sec 13 & 24
#2	☒ Authorized ☐ Proposed	HARN 844	24 S	30 E	26	SE	SE	2200	2270' S & 6110' W from E1/4 cor, Sec 25
#3	☒ Authorized ☐ Proposed	HARN 51332	24 S	30 E	36	NE	SW	2200	2000' N & 2525' E from SW cor, Sec 36
#5	☒ Authorized ☐ Proposed	HARN 53133	24 S	30 E	25	SE	NE	2100	1380' S & 1320' W from NE cor, Sec 25
#7	☒ Authorized ☐ Proposed	HARN 52696	24 S	30 E	36	NE	SW	2200	2050' N & 2640' E from SW cor, Sec 36
#1	☐ Authorized ☒ Proposed	HARN 51503/51680	24 S	30 E	9	SE	SE	300	630' N & 850' W from SE cor, Sec 9
#2	☐ Authorized ☒ Proposed	HARN 52485	24 S	30 E	10	SW	SE	300	1470' s & 1360' W from E 1/4 cor, Sec 10

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

- | | |
|--|---|
| ☒ 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.

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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 # 98798

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				
											POA/POU	24	S	30	E	9	SW	SE	300		25.0	IS	#1	1960
											POA/POU	24	S	30	E	9	SE	SE	300		16.4	IS	#1	1960
											POA/POU	24	S	30	E	10	NE	SE	300		19.7	IR	#2	1960
											POA/POU	24	S	30	E	10	NW	NE	300		19.7	IR	#2	1960
											POA/POU	24	S	30	E	10	SW	SE	300		23.3	IR	#2	1960
											POA/POU	24	S	30	E	10	SE	SE	300		25.5	IR	#2	1960
											POA/POU	24	S	30	E	16	NE	NE	300		31.0	IS	#1	1960
											POA/POU	24	S	30	E	16	NW	NE	300		3.0 2.5	IR IS	#1	1960
24	S	30	E	24	SE	SE	2100		15.2	IR	#1, 3, 5, 7	1960	POA/POU											
24	S	30	E	25	SE	NE	2100		7.0	IR	#1, 2, 3, 5, 7	1960	POA/POU											
											POA/POU	24	S	30	E	36	NE	SE	2200		1.6	IR	#2,3,5,7	1960
											POA/POU	24	S	30	E	36	NW	SE	2200		5.4	IR	#2,3,5,7	1960
24	S	31	E	19	NW	NW	2100	1	36.5	IS	#1,3,5,7	1960	POA/POU											
24	S	31	E	19	SW	NW	2100	2	38.4	IS	#1,3,5,7	1960	POA/POU											
24	S	30	E	19	SW	SW	2100	4	37.2	IR	#1,3,5,7	1960	POA/POU											
24	S	31	E	19	SE	SW	2100		38.8	IR	#1,3,5,7	1960	POA/POU											
TOTAL ACRES:						98.1 IR 74.9 IS					TOTAL ACRES:						98.1 IR 74.9 IS							

Additional remarks: HARN 51503/51680 replaces 74.9 acres IS & 3.0 acres IR, HARN 52485 replaces 88.2 acres IR, Well 1 removed from 7.0 acres IR.

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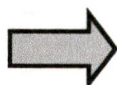
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For Place of Use or Character of Use Changes

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: Silvies Decree*.

* All portions overlapping Silvies Decree are IS.



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										

HARN 51503

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L PRE-DATE

START CARD # PRE-DATE

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

(1) LAND OWNER
First Name MIKE & SALLIE Last Name PELLA
Company TRIANGLE ELEVEN CORP.
Address P.O. BOX 537
City HINES State OR Zip 97738

(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 425 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20	0	18	CEMENT	0	18	17	SACKS
16	18	450					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other CEMENT GROUT POURED THROUGH TREMIE PIPE
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csg/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
☒	16	+	2	150	250	X		X	

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csg/Linr	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 50 Drawdown 0 Drill stem/Pump depth _____ Duration (hr) 1

Temperature 58 °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 24S N or S Range 30E E or W W.M.
Sec 9 SW 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 28186 HWY 20 W
MP 125 WEST OF HINES

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>AUG 10, 84</u>			<u>-12 FT</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)
<u>5-84</u>	<u>230</u>	<u>420</u>	<u>100+</u>			<u>12</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>FORESOIL</u>	<u>0</u>	<u>3</u>
<u>SILT</u>	<u>3</u>	<u>14</u>
<u>BROWN CLAY</u>	<u>14</u>	<u>21</u>
<u>BROWN SANDSTONE</u>	<u>21</u>	<u>90</u>
<u>WHITE CLAYSTONE</u>	<u>90</u>	<u>137</u>
<u>BROWN SANDSTONE</u>	<u>137</u>	<u>145</u>
<u>BLACK BASALT</u>	<u>145</u>	<u>190</u>
<u>GREEN CLAYSTONE</u>	<u>190</u>	<u>230</u>
<u>BROWN CLAY/RED CINDER</u>	<u>230</u>	<u>450</u>

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Salem, OR

Date Started MAR 4 15, 84 Completed AUG 10, 84

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Signed NOV 04 2008

(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 883 Date 10-25-08

Signed John Dutton

Contact Info. (optional)

STATE OF OREGON
WATER SUPPLY WELL

(ORS 537.765 & OAR 690-201-0220)

DRAFT

HARN 51680

WELL LABEL # L 101619

START CARD # 202964

ORIGINAL LOG # HARN 51503

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

(1) LANDOWNER Owner Well I.D. _____
First Name MIKE + SALLIE Last Name PEILA
Company _____
Address PO BOX 537
City HINES State OR Zip 97738

(2) TYPE OF WORK ☐ New ☐ Conversion ☒ Deepening
☒ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth 450 ft.

Seal Material PORTLAND CEMENT NONE

Casing Type: ☒ Steel ☐ Plastic ☐ Other

Casing Gauge .375 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 460 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE			SEAL		
Dia	From	To	Material	From	To
22"	0	31	PORTLAND CEMENT	0	31
16"	31	430			
10"	430	460			

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

Csg	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
SEE ORIGINAL WELL LOG										
DRILLED 22" WITH OVERSHOT TO 31' PUMPED ANNULAR SPACE TO GROUND LEVEL WITH NET CEMENT										

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 _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

Temperature 58 °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 HARNEY Twp 24 N of S Range 30 E or W W.M.

Sec 09 SW 1/4 of the SE 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 28186 Hwy 200.

BURNS/HINES, OR MP. 125

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>12-01-09</u>		-	<u>10</u>
Completed Well	<u>12-06-09</u>		-	<u>10</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
SEE ORIGINAL WELL LOG	0	450
'BROKEN' RED & GRAY ROCK	450	460

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DEC 11 2009

Salem, OR

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 11-04-09 Completed 12-04-09

(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 1737 Date 12-03-09

Signed Cherry

(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 12-08-09

Signed Arthur L. Jay

Contact Info. (optional) _____

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

HARN 52485

WELL I.D. LABEL# L 115922
START CARD # 211205
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. SALEM, OR
First Name Mike Last Name Peilan
Company
Address PO Box 537
City Linas State OR Zip 97738

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stil 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

Depth of Completed Well 660 ft. Special Standard (Attach copy)

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
20"	0	81	Lemen	81	20	29	52'
14"	81	220			Calculated	17	
8"	220	360	Bent	20	0	96	52'
					Calculated	17	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other 1 Bent 3/5

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd
Shoe Inside Outside Other Location of shoe(s)
Temp casing Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material
Perf/S Casing/Screen
reen Liner Dia From To Sem/slot Slot # of Tele/
width length slots pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem Pump depth Duration (hr)
1500 hr. 2

Temperature 50°F Lab analysis Yes By

Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County 114th Twp 24 N/S Range 30 E/W WM
Sec 10 52 1/4 of the 52 1/4 Tax Lot 1300
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
Street address of well Nearest address

Hwy 20 Mail Post 7 Burns Rd

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 8-15-15 82

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 65

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8-15-15	65	65	100%		52'
	220	60	150		52'

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(11) WELL LOG

Ground Elevation

Material	From	To
TOP SOIL		
Brown Clay	2	45
Sand with Branches	45	62
Brown Clay	62	123
Gray Clay	123	135
Light Brown Brn	135	145
Gray Sand Rock	145	195
Reddish Brown Rock	195	235
Reddish Brown Rock	235	305
Yellowish Brown Rock	305	342
Reddish Brown Rock	342	395
Yellowish Brown Rock	395	417
Reddish Brown Rock	417	492
Yellowish Brown Rock	492	523
Blue Brown Rock	523	595
Reddish Brown Rock	595	603
Brown Brown Rock	603	660

Date Started 8-7-15 Completed 8-15-15

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well during the construction dates reported above 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 JAN 18 2017 Date

Signed

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 16541 Date 2-27-2016

Signed

Contact Info (optional)

14779 -

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, MIKE PEILA, in my capacity as OWNER,

mailing address PO BOX 537, HINES, OR 97738

telephone number (541)589-0207, being first duly sworn depose and say:

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Salem, OR

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 # _____; **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 # 98798 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**

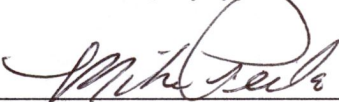
☐ The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use
would be rebutted under ORS 540.610(2) is attached.

☐ 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)

(continues on reverse side)

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

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.


Signature of Affiant

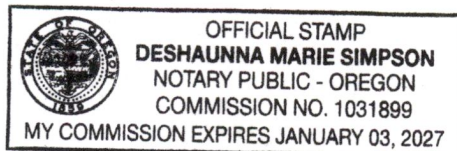
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DEC 15 2025

Salem, OR

12-12-25
Date

Signed and sworn to (or affirmed) before me this 12 day of December, 2025



Deshaunna Marie Simpson
Notary Public for Oregon

My Commission Expires: 1-3-2027

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.terra-server.com
☐ Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

DEC 15 2025

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

Certificate 98798

NAME Mike Peila			PHONE 541-589-0207	
MAILING ADDRESS PO Box 537				
CITY Hines	STATE OR	ZIP 97738	EMAIL peilafam@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	30E	9	SE	300	EFRU-2	☒ Diverted	☒ Conveyed	☒ Used	Farming
24S	30E	10	SE	300	EFRU-2	☒ Diverted	☒ Conveyed	☒ Used	Farming
24S	30E	16	N1/2NE	300	EFRU-2	☐ Diverted	☒ Conveyed	☒ Used	Farming
24S	30E	24	SE S1/2NE	2101	EFRU-2	☒ Diverted	☒ Conveyed	☐ Used	Farming
24S	30E	25	S1/2 SENE	2100	EFRU-2	☒ Diverted	☒ Conveyed	☐ Used	Farming
24S	30E	26	SESE	2200	EFRU-2	☒ Diverted	☒ Conveyed	☐ Used	Farming
24S	30E	36	S1/2 S1/2NE	2200	EFRU-2	☒ Diverted	☒ Conveyed	☒ Used	Farming

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: 7.80 ☒ 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:

14779 -

Propose to rearrange place of use to prioritize area under pivot sprinklers & add points of appropriation to increase flexibility irrigating 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.

See Page 4 ➔

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Salem, OR

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Salem, OR

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): AC20 3.074 EFW-2
- ☐ 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:	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ 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: Brandon McMullen Title: Planning Director

Signature: [Signature] Date: 12/11/2025

Governmental Entity: Harney County Phone: (541) 573-8655

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: _____

LOVRIEN Corie L * WRD

From: Marika E. Sitz <Marika.Sitz@jordanramis.com>
Sent: Tuesday, December 16, 2025 9:26 AM
To: WRD_DL_customerservice
Subject: Follow-up to phone call regarding Peila applications
Attachments: Well Logs for Peila Applications - Complete References.pdf

Hi Corie—

Per our call this morning, I have attached a set of reference well logs for the four transfer applications submitted yesterday around 1pm by Mike and Sallie Peila. The co-applicants for these applications are Triangle Eleven, Inc. (Mike and Sallie's entity) and Margarita and Jon White (Mike's sister and brother-in-law). The applications relate to water right certificates 98687, 98758, 98798, and 97555.

The four applications have a common cover letter that explains how they all interrelate. The applicable well logs for each POA that is proposed to be changed are already included in the four applications, but my intention was to also include the attached master well log document in each application for reference by the future caseworker. If you could ensure that this set of well logs is linked to each of the four transfer applications, I would greatly appreciate it.

Please let me know if you have any questions, and thank you for your time.

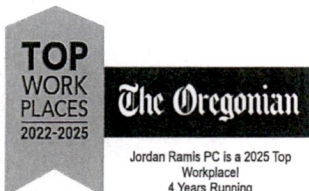
--Marika

Marika E. Sitz | Attorney
Direct: (541) 797-2078

JORDAN RAMIS

360 SW Bond Street #510
Bend OR 97702

jordanramis.com | (888) 598-7070
Portland | Bend | Vancouver WA



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Salem, OR

REFERENCE WELL LOGS

Transfer Applications for Water Right Certificates 98687, 98758, 98798, and 97555.

Received by OWRD

DEC 16 2025

Salem, OR

14779 -

ORIGINAL

File Original, and
Duplicate with the
STATE ENGINEER,
SALEM, OREGON

WATER WELL DRILLERS REPORT
STATE OF OREGON

Do Not
Fill In

State Well No. 24/30-24G1

State Permit No. _____

(1) OWNER:

Name W.E. Clayton
Address P.O. Box 8
Burns, Oregon

(2) LOCATION OF WELL:

County Hailey Owner's number, if any— #1
R. F. D. or Street No. Box 8 Burns, Ore
Bearing and distance from section or subdivision corner _____

(3) TYPE OF WORK (check):

New well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
Abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐
Cable ☒
Dug Well ☐

CASING INSTALLED:

Threaded ☐ Welded ☒

FROM	ft. to	ft.	Diam.	ft.	Gage or Wall
"	0	30	18	3/16	"
"	"	"	"	"	"
"	"	"	"	"	"
"	"	"	"	"	"
"	"	"	"	"	"

If gravel packed

Diameter of Bore	from ft.	to ft.
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"

Type and size of shoe or well ring 18-6-3/16 Size of gravel: _____

Describe joint welded

(7) PERFORATIONS:

Type of perforator used 1/4" X 3 1/2" SLOTS

SIZE of perforations	in., length, by	in.
FROM	ft. to	ft.
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"

SCREENS:

Give Manufacturer's Name, Model No. and Size _____

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☒ Yes ☐ No To what depth 30 ft.
Were any strata sealed against pollution? ☒ Yes ☐ No
If yes, note depth of strata _____
FROM 2 60 ft. to 71 ft.

METHOD OF SEALING dove casing into clay

(9) WATER LEVELS:

Depth at which water was first found Artesian ft.
Standing level before perforating _____ ft.
Standing level after perforating _____ ft.
Log Accepted by: _____

[Signed] _____ Dated _____, 19____
Owner _____

(10) WELL TESTS:

Inter-#
Was a pump test made? ☒ Yes ☐ No If yes, by whom? ST. PUMP Co.
Yield: 2200 gal./min. with 85 ft. draw down after 4 hrs.
" " " "
" " " "
Artesian flow 250 g.p.m.
Shut-in pressure Unknown lbs. per square inch.
Boiler test none g.p.m. with _____ ft. drawdown
Temperature of water 58 Was a chemical analysis made? ☐ Yes ☒ No
Was electric log made of well? ☐ Yes ☒ No

(11) WELL LOG:

Diameter of well, 18 inches.
Total depth 503 ft. Depth of completed well 503 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

ft. to	ft.	Material
0	2 1/2	soil
2 1/2	4	hardpan
4	16	clay & sand
16	27	green quick sand
27	43	green chalk
43	4271	sand & gravel
71	107	clay & sand
107	125	shale
125	144	green chalk
144	158	white sand & black gravel
158	364	green clay & streaks of sand
364	370	basalt sandstone
370	391	cinders, sand & gravel
391	406	red & gray sandstone
406	494	black shale
494	503	green clay

Received by OWRD

DEC 16 2025

Salem, OR

Ground elevation at well site _____ feet above mean sea level.

Work started 5, 11 1959 Completed 5/31 1959

Well Driller's Statement:

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

NAME John A. VanMeter

(Person, firm, or corporation)

(Typed or printed)

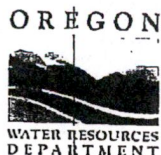
Address Box 204 Malin, Oregon

Driller's well number _____

[Signed] _____

(Well Driller)

License No. 1704773 Dated 6/15 1959



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

Application for Well ID Number

RECEIVED

DEC 18 2020

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Mike Peila

OWRD

Mailing Address: PO Box 537

City, State, Zip: Hines, OR 97738

Mail Well ID to: ☒ SAME AS ABOVE

☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 24S (North / South) Range: 30E (East / West) Section: 24 SW 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 2101

County Harney

GPS Coordinates: 43.47647544, 119.06677008

Street Address of Well, City: OR Hwy 31 (near)

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 5/31/59 Total Well Depth: 503 Casing Diameter: 18

Owner at time the well was constructed (if known): W.R. Clayton Well Report # (if known): HARN 841

Other Information: _____

SUBMITTED BY (please print): Denise A Montgomery, All Points Engr & Surveying

PHONE: 541-548-5833

EMAIL &/or FAX: neecce@apeands.com

POB 767 Terrebonne
97760

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

12-18-2020

Well Report Number:

HARN 841

Well Identification #:

140933

Received by OWRD

DEC 16 2025

Last Update: 5/15/18

Well ID Number/2

WCC

Salem, OR

14779 -

(1) OWNER:

Name W.B. Clayton

Address Burns, Oregon

(2) LOCATION OF WELL:

County Horn Owner's number, if any /

R. F. D. or Street No.

Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

Drill well ☐ Deepening ☐ Reconditioning ☒ Abandon ☐

abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐

Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐

Cable ☒

Dug Well ☐

(6) CASING INSTALLED:

Threaded ☐ Welded ☐

FROM	ft. to	ft.	Diam.	Gage or Wall
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"

If gravel packed

Diameter of Bore	from ft.	to ft.
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"

Type and size of shoe or well ring

Size of gravel:

Describe joint

(7) PERFORATIONS:

Type of perforator used

SIZE of perforations			in., length, by			in.
FROM	ft. to	ft.	perf per foot			No. of rows
"	"	"	"	"	"	"
"	"	"	"	"	"	"
"	"	"	"	"	"	"
"	"	"	"	"	"	"
"	"	"	"	"	"	"

SCREENS:

Give Manufacturer's Name, Model No. and Size

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☐ Yes ☐ No To what depth ft.

Were any strata sealed against pollution? ☐ Yes ☐ No
If yes, note depth of strata

FROM	ft. to	ft.
"	"	"
"	"	"

METHOD OF SEALING

(9) WATER LEVELS:

Depth at which water was first found ft.

Standing level before perforating ft.

Standing level after perforating ft.

Log Accepted by:

[Signed] _____ Dated _____, 19____
Owner

(10) WELL TESTS:

Was a pump test made? ☐ Yes ☐ No If yes, by whom?

Yield:	gal./min. with	ft. draw down after	hrs.
"	"	"	"
"	"	"	"

Artesian flow _____ g.p.m.

Shut-in pressure _____ lbs. per square inch.

Boiler test _____ g.p.m. with _____ ft. drawdown

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

Was electric log made of well? ☐ Yes ☐ No

(11) WELL LOG:

Diameter of well, _____ inches.

Total depth _____ ft. Depth of completed well _____ ft.

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

ft. to	ft.
"	repair on well No. 1 1
"	Installed 20 210ft. of
"	16in. O.D., 1/4 in. wall
"	casing,
"	Bottom 145ft. perforated
"	with six rows of 1/4 in. by
"	4in. torch perforations
"	per ft.
"	Installed 20ft. 5in. of
"	liner in bottom of 16in.
"	casing.
"	Pulled 80 ft. of 18in.
"	O.D. casing.

Received by OWRD

DEC 16 2025

Salem, OR

Ground elevation at well site 4150 feet above mean sea level.

Work started 8/24 1958 Completed 10/12 1958

Well Driller's Statement:

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

NAME John A. VanMeter
(Person, firm, or corporation) (Typed or printed)

Address Box 204 Malin, Oregon

Driller's well number 170

[Signed] John A. VanMeter
(Well Driller)
License No. 170 Dated Dec 15, 1958

HARN 844

ORIGINAL
File Original, and
Duplicate with the
STATE ENGINEER,
SALEM, OREGON

OBSERVATION WELL WATER WELL DRILLERS REPORT STATE OF OREGON

Do Not
Fill In

State Well No. _____

State Permit No. _____

24/30-26R1

(1) OWNER:

Name W.B. Clayton

Address Burns, Oregon

(2) LOCATION OF WELL:

County HCO Owner's number, if any— 2

R. F. D. or Street No. _____

Bearing and distance from section or subdivision corner _____

(3) TYPE OF WORK (check):

New well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

Abandonment, describe material and procedure in Item 11. _____

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐

Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐

Cable ☒

Dug Well ☐

CASING INSTALLED:

Threaded ☐ Welded ☒

FROM 0 ft. to 150 ft. Diam. 3/16 Gage or Wall

"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"

If gravel packed

Diameter of Bore from ft. to ft.

"	"	"
"	"	"
"	"	"
"	"	"
"	"	"

Type and size of shoe or well ring 1/2-6

Describe joint welded

Size of gravel: _____

(7) PERFORATIONS:

Type of perforator used torch

SIZE of perforations 1/4-4 in., length, by in.

FROM 90 ft. to 95 ft. perf per foot No. of rows

" 110 " 115 " " " " " " "

" 130 " 135 " " " " " " "

" " " " " " " " "

" " " " " " " " "

" " " " " " " " "

SCREENS:

Give Manufacturer's Name, Model No. and Size _____

(8) CONSTRUCTION:

Was a surface sanitary seal provided? ☐ Yes ☒ No To what depth _____ ft.

Were any strata sealed against pollution? ☐ Yes ☒ No

If yes, note depth of strata _____

FROM _____ ft. to _____ ft.

" " " " " " " " "

" " " " " " " " "

METHOD OF SEALING

(9) WATER LEVELS:

Depth at which water was first found 24 ft.

Standing level before perforating 23' 8" ft.

Standing level after perforating 23' 8" ft.

Log Accepted by: _____

[Signed] _____ Dated _____, 19____

Owner

(10) WELL TESTS:

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Interstate Pump Co.

Yield: 2500 gal./min. with 16' ft. draw down after 4 hrs.

" " " " " "

" " " " " "

Artesian flow _____ g.p.m.

Shut-in pressure _____ lbs. per square inch.

Boiler test _____ g.p.m. with _____ ft. drawdown

Temperature of water 54 Was a chemical analysis made? ☐ Yes ☒ No

Was electric log made of well? ☐ Yes ☒ No

(11) WELL LOG:

Diameter of well, 16" inches.

Total depth 501 ft. Depth of completed well 501 ft.

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

0 ft. to 4 ft. hardpan

4 " 31 " loose brown sand

31 " 37 " boulders and sand

37 " 50 " layers of hard & soft sand

50 " 58 " lava boulders & sand

58 " 70 " yellow clay & sand

70 " 124 " layers of green & yellow cla

124 " 126 " green shale

126 " 181 " green clay

181 " 184 " pumice sand & lava gravel

184 " 197 " layers of green shale & clay

197 " 224 " gray mud

224 " 243 " green shale & clay

243 " 252 " layers of hard & soft sand

" " & gravel

252 " 332 " gray shale

332 " 335 " broken zone shale

335 " 501 " black shale, broken

" " " " " "

" " " " " "

" " " " " "

" " " " " "

" " " " " "

" " " " " "

" " " " " "

" " " " " "

" " " " " "

" " " " " "

Ground elevation at well site 4150 feet above mean sea level.

Work started 10/13 19 59 Completed 12/8 19 59

Well Driller's Statement:

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

NAME John A. VanMeter

(Person, firm, or corporation)

(Typed or printed)

Address Box 204 Malin, Oregon

Driller's well number _____

[Signed] John A. VanMeter

(Well Driller)

License No. 170 Dated Dec 15, 1959

14779



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

Application for Well ID Number

RECEIVED

JUL 09 2020

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): John M Peila III

Mailing Address: PO Box 537

City, State, Zip: Hines, OR 97738

Mail Well ID Tag to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 24S (North/South) Range: 30 (East/West) Section: 26 SE 1/4 of the SE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 2200 County Harney

GPS Coordinates: 43.455516 -119.0825561

Street Address of Well, City: Engstrom Ln

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 12/8/1959 Total Well Depth: 501' Casing Diameter: 16"

Owner at time the well was constructed (if known): W.B. Clayton Well Log # (if known): HARN 844

Other Information: _____

SUBMITTED BY (please print): Scott D Montgomery

POB 767 Terrebonne 97760

PHONE: 541-548-5833

EMAIL &/or FAX: scott@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

Received by OWRD

DEC 16 2025

Salem, OR

For Official Use Only by the Oregon Water Resources Department:

Received Date:

7-9-2020

Well Log Number:

HARN 844

Well Identification #:

L-139208

(1) LAND OWNER
First Name Mike Owner Well I.D. _____
Last Name Reila
Company _____
Address PO Box 537
City Hines State OR Zip 97738
(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Material From To Amt sacks/lbs
Seal: _____

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

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

(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)
Depth of Completed Well 659 ft.

BORE HOLE			SEAL			Sacks
Dia	From	To	Material	From	To	
24"	0	80	Bent	0	80	320
26"	80	199				Calculated 100
14"	199	630				
8"	630	659				Calculated

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other 3/8 Bent Pack 3mm
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
☒ ☐ 16" ☒ 1 ☐ 199 ☐ 250 ☒ ☐ ☒
Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 199
Temp casing ☐ Yes Dia 16 From _____ To _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
2000 20' 630 4hr
Temperature 60 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount 387
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County Huachuca Twp 24 N/S Range 30 E/W WM
Sec 26 NW 1/4 of the NE 1/4 Tax Lot 2200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☐ Street address of well ☐ Nearest address

30338 Engstrom Lane Hwy 209
Born on 97738
(10) STATIC WATER LEVEL
Date SWL (psi) + SWL (ft)
Existing Well / Pre-Alteration _____
Completed Well 8-26-17 112'
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 60
SWL Date From To Est Flow SWL (psi) + SWL (ft)

7-10-17	60	65	1000	55'
8-26-17	320	630	2000	112'

(11) WELL LOG Ground Elevation _____
Material From To
TOP SOIL 0 2
Brown clay 2 60
Sand gravel 60 65
Brown clay 65 85
Black sand with clay 85 198
Green clay 175 198
Brown clay 198 320
Brown love rock 320 560
Black love broken 560 630
Blue clay 630 659
RECEIVED BY OWRD
DEC 04 2017 DEC 12 2018
SALEM, OR OWRD

Date Started 6-3-17 Completed 8-26-17
(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number _____ Date DEC 16 2025
Signed Salem, OR

(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 1654 Date 10-10-17
Signed John
Contact Info (optional) _____

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

02-16-2007

WELL LABEL # L 86798

START CARD # 1000526

(1) LAND OWNER

Owner Well I.D. _____

First Name MIKE

Last Name PEILA

Company _____

Address PO BOX 537

City HINES

State OR

Zip 97738

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 115.00 ft.

BORE HOLE

Dia	From	To	Material	SEAL	From	To	Amt	sacks/ lbs
18	0	20	Bentonite	0	20	45	S	
14	20	115						

How was seal placed: Method

☐ A ☐ B ☐ C ☐ D ☐ E☒ Other poured dry and tam

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

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Std	Plstc	Wld	Thrd
☒	☒	14	☒	1	101	.250	☒	☒	☒	☒
☐	☐	12	☐	100	115	.250	☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type wire wrap Material stainless steel

Perf/	Casing/	Screen	Screen	From	To	Slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size	
Screen	Liner	12	100	115	.25		1	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)
500		110	

Temperature 58 °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 24.00 S N/S Range 30.00 E E/W WM

Sec 36 NW 1/4 of the SE 1/4 Tax Lot 2200

Tax Map Number _____ Lot _____

Lat ° 0 ' " or _____ DMS or DD

Long ° 0 ' " or _____ DMS or DD

☐ Street address of well ☐ Nearest address

30338 ENGSTROM LANE HWY 205

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	02-14-2007		30

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 30

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
02-14-2007	30	115	1,000		

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil sandy loam	0	2
clay brn	2	27
sand fine brn	27	92
gravel large/cobbles	92	115

RECEIVED

JUN 10 2008

WATER RESOURCES DEPT
SALEM, OREGON

Received by OWRD

DEC 16 2025

Salem, OR

Date Started 02-01-2007

Completed 02-14-2007

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1424 Date 02-16-2007

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.88

14779

DEC 19 2023

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER

Owner Well I.D. _____

First Name MIKE

Last Name PEILA

OWRD

Company TRIANGLE 11 RANCH

Address PO BOX 537

City HINES

State OR

Zip 97738

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thr

Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Material From To Amt sacks/lbs

Seal: ☐ ☐ ☐ ☐ ☐ ☐

(3) DRILL METHOD

☒ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 421.00 ft.

BORE HOLE

SEAL

sacks/

Dia	From	To	Material	From	To	Amt	lbs
26	0	62	Bentonite Chips	0	78	24600	P
21	62	227				Calculated 9434.13	
15	227	421	Cement	78	227	396	S
						Calculated 116.86	

Seal placement 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: ☐ Type _____ Amount _____

Seal Placement Begin Date 6/8/2023 Begin Time 11:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thr

☒	☐	16	☒	1.5	38.5	.250	☒	☐	☒	☐
☒	☐	16	☐	38.5	227	.375	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____

Material _____

Perf/ Casing/ Screen Dia From To Scrm/slot Slot # of Tele/

Screen Liner Dia From To width length slots pipe size

Screen Liner	Dia	From	To	width	length	slots	pipe size

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

1500		400	1
2100	60	160	4

Temperature 67 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 315 mg/L

From To Description Amount Units

From	To	Description	Amount	Units

HARN 53133

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24.00 S N/S Range 30.00 E E/W WM

Sec 25 SW 1/4 of the NE 1/4 Tax Lot 2100

Tax Map Number _____ Lot _____

Lat _____ " or 43.46458495 DMS or DD

Long _____ " or -119.06414891 DMS or DD

☐ Street address of well ☒ Nearest address

66349 POTTER SWAMP ROAD, HINES, OR 97738

2022 COVE IRRIGATION WELL

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration _____

Completed Well 7/21/2023 _____ 31

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 31.00

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

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11/29/2022	31	60	25		31
11/30/2022	130	205	70		31
6/28/2023	242	315	250		31
6/29/2023	315	387	700		31
6/30/2023	387	421	1500		31

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown Clayee Top Soil	0	7
Brown Clay	7	31
Black Sand & Black Clay Mix	31	68
Gray Clay	68	104
Brown Sandstone	104	130
Brown Rock with some Sandstone Mix	130	155
Soft Black Sandstone	155	171
Medium Hard Brown Rock small fractures	171	205
Hard Gray Rock	205	223
Green & Gray Claystone Mix	223	242
Brown Sandstone & Rubble Seams	242	315
Soft Brown Sandstone some Red Cinders	315	334
Black Sand	334	340
Brown Conglomerate some hard seams	340	387
Hard Gray Rock with Ash Fractures	387	421

Received by OWRD

DEC 16 2025

Construction

Begin Date 1/09/2023 Begin Time 00:00 End Date 7/21/2023

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1385 Date 12/13/2023

Signed ROBERT BUCKNER (E-filed)

Contact Info (optional) 14779 -

HARN 52485

WELL I.D. LABEL# 11376

START CARD # 211205

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. SALEM, OR
First Name Mike Last Name Peilar
Company
Address PO Box 537
City Lincol State OR Zip 97788

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

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

(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 160 ft.

BORE HOLE			SEAL			10	Amt	sacks/lbs
Dia	From	To	Material	From	To			
20"	0	81	Lemen	81	20	29	52'	
14"	81	220				Calculated	17	
8"	220	360	Bent	20	0	96	52'	
						Calculated	17	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other Bent 3/4

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd
☒ ☐ 16" 71 81 .256 ☒ ☐ ☒ ☐
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Perf/S	Casing/	Screen	From	To	Scr/slot	Slot	# of	Tele/
reen	Liner	Dia			width	length	slots	line size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1500 hr. 7

Temperature 50°F Lab analysis ☐ Yes By

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

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 24 N/S Range 30 E/W WM
Sec 10 SW 1/4 of the SW 1/4 Tax Lot 1300
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
Street address of well Nearest address

HWY 20 Mill Post 7 Burns OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration Date SWL(psi) + SWL(ft)
Completed Well 8-15-15 82
Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 65

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8-15-15	65	65	100		52'
	220	660	150		52'

(11) WELL LOG

Ground Elevation

Material	From	To
TOP SOIL	0	1
Bluish clay	1	45
Sand with Brownish	45	62
Brown clay	62	123
Gray clay	123	135
Light brown Brown	135	145
Gray Laminar	145	195
Blue Laminar	195	235
Red Laminar	235	305
Yellow Laminar	305	342
Red Laminar	342	395
Yellow Laminar	395	417
Red Laminar	417	492
Yellow Laminar	492	523
Blue Laminar	523	595
Red Laminar	595	603
Blue Laminar	603	660

Date Started 8-7-15 Completed 8-15-15

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well 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 JAN 18 2017 Date

Signed

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 16541 Date 2-27-16

Signed

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95

14779 -

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L PRE-DATESTART CARD # PRE-DATE

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

(1) LAND OWNER

Owner Well I.D. _____

First Name MIKE & SALLIE Last Name DELLA
 Company TRIANGLE ELEVEN CORP.
 Address P.O. BOX 537
 City HINES State OR Zip 97738

(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 425 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
20	0	18	CEMENT	0	18	17	SACKS
16	18	450					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other CEMENT GROUT POURED THROUGH TREMIE PIPE
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csg	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		16	+	2	150	250	X		X	

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

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

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50	0		1

Temperature 58 °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 24S N or S Range 30E E or W W.M.
 Sec 9 SW 1/4 of the SE 1/4 Tax Lot 300
 Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 28186 HWY 20 W
MP 125 WEST OF HINES

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>AUG 10, 84</u>			<u>-12 FT</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)
<u>6-20-84</u>	<u>230</u>	<u>450</u>	<u>100+</u>			<u>12</u>
<u>5-84</u>						

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>TOP SOIL</u>	<u>0</u>	<u>3</u>
<u>SILT</u>	<u>3</u>	<u>14</u>
<u>BROWN CLAY</u>	<u>14</u>	<u>21</u>
<u>BROWN SANDSTONE</u>	<u>21</u>	<u>90</u>
<u>WHITE CLAYSTONE</u>	<u>90</u>	<u>137</u>
<u>BROWN SANDSTONE</u>	<u>137</u>	<u>145</u>
<u>BLACK BASALT</u>	<u>145</u>	<u>190</u>
<u>GREEN CLAYSTONE</u>	<u>190</u>	<u>230</u>
<u>BROWN CLAY/RED CINDER</u>	<u>230</u>	<u>450</u>

Date Started MAR 4 15, 84 Completed AUG 10, 84

(unbonded) Water Well Constructor Certification

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License Number _____ Date _____

Signed _____

WATER RESOURCES DEPT
 SALEM, OREGON

(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 883 Date 10-25-08Signed John Otter

Contact Info. (optional)

