Completion Checklist for Claims of Beneficial Use

Application # 6-17067	Transfer #
Date Received 8/1/2014	Claim I aread
CWRE Name Bruce Estes	Claim Logged
File Marked	•
Oversized Map #	
Reviewer C.U.	
Map Review:	1) 8 210 0050(1)(1))
Map on polyester film (OAR 690-014-0170)	
Application & permit #; or transfer # (OAR)	590-014-0100(1))
Disclaimer (OAR 690-014-0170(5))	
North arrow (OAR 690-310-0050(2)(c))	8- 210 0050)
CWRE stamp and signature (OAR 690-014 d	
Township, range, section, and tax lot number	the original full-size scale of the county assessor map) (014 & 310)
Source illustrated if surface water (OAR 690	18 (OAR 090-310-0030(4))
Point(s) of diversion or appropriation (illustr	$\frac{1}{100}$ $\frac{1}$
Point(s) of diversion or appropriation (coord	instes)(OAR 690-014(4) & 690-310-0050)
Conveyance structures illustrated (pump, pip	welines ditches etc.) (OAR 690-310-0050)
Description of the location in relation to the	point of diversion or appropriation, of any fish screens, by-pass devices,
and measuring devices required (OAR 690-	
	les within DLCs, or Gov Lots; if irrigation, # of acres in each subdivision
	ation of dwelling or spigot) (OAR 690-310-0050, 690-014, 690-380-
6010)	and or a realizable of the second of the sec
Report Review:	
On form or format provided by the Departme	ent (OAR 690-014-0100(1))
Application & permit #; or transfer # (OAR)	690-014)
Ownership information (OAR 690-014)	
Date of survey (OAR 690-014)	
Person interviewed (OAR 690-014)	
County (OAR 690-014)	
Description of conveyances system (from PC	DD to POU) (OAR 690-014-0100)
Source(s) of water (OAR 690-014-0100)	a contract of the contract of
Place of use location (OAR 690-014-0100)	
Type of use (OAR 690-014-0100)	
Extent of use (OAR 690-014-0100)	
Rate and Duty (OAR 690-014-0100)	100)
Diversion rate for each use (OAR 690-014-0	
System capacity (OAR 690-014-0100)	rial model, capacity, and description) (OAR 690-014-0100)
System capacity (OAR 090-014-0100) Calculated capacity of system (requ	uired)
Measured amount of use (optional)	
Permit/Transfer Final Order Conditions (OA	
Time limits	1000 011 0100)
Initial water level measurements	
Annual static water level measurem	ents
Measurement, recording, and repor	
Meter/measuring device	-5 .
Water use reporting	
Fish screening and/or by-pass	·
Pump test (ground water)	
Other conditions	
/	
CWRE stamp and signature (OAR 690-014-0	
Signature(s) of permittee of transfer holder (0	DAR 690-014-0100)
DEF = deficient	
N/A = Not Applicable	" - 16 " - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

S:\groups\wr\certs\Resource Center\Forms_Checklists_Mailing Instructions\COBU Checklist 11-20-2012.rtf

Map and COBU reviewedConflict check Any Conflicts?Check for ownership	
Check Area of Interest	
Staff Recommendations:	
Proof to the Satisfaction has been established order.	ed to the full extent as described in the permit or transfer
	established to the full extent as described in the permit or d as follows:
Proposed Actions: Send letter requesting the following items/ii	ished for the following reasons:
Send letter recommending extension to cure	deficiencies:
Can certificate be processed further?Yes	
If "Yes": Proposed Final Certificat	e#
Mailing list:	
Proposed:	
Final:	

Certificate Issuance Processing Checklist

CLAIM OF BENEFICIAL USE for Permits claiming more than 0.1 cfs and All Transfers



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

A fee of \$175 must accompany this form for permits with priority dates after July 8, 1987.

A fee of \$175 must accompany this form for transfer applications with a priority after July 8, 1987.

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at: http://www.oregon.gov/owrd/pages/wr/cwre info.aspx

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see http://www.oregon.gov/owrd/pages/mgmt_reimbursement_authority.aspx

SECTION 1 GENERAL INFORMATION

1. File Information

APPLICATION # (G, R, S or T)	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17067	G-16604	

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Gutierrez Cattle Co. c/o Ag		PHONE NO (916) 372-		ADDITIONAL CONTACT NO.
ADDRESS				
P O Box 1076				
CITY	STATE	ZIP	E-MAIL	
West Sacramento	CA	95691		

If the current property owner is not the permit or transfer holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> permit or transfer holder of record must sign this form.

3. Permit or transfer holder of record (this may, or may not, be the current property owner)

PERMIT OR TRANSFER HOLDER OF R	ECORD	
Same as above		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection: 3/25/2013 & 3/8/2014

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT	
Kirk Winebarger	3/25/2013	Ranch Manager	

6. County: Crook

7. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

OWNER OF RECORD		
Blue Mountain Ranch		
ADDRESS		
P O Box 14		
CITY	STATE	ZIP
Paulina	OR	97751

Add additional tables for owners of record as needed

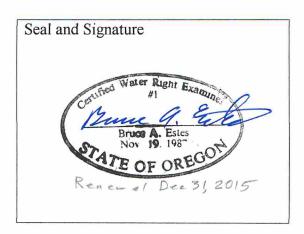
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SECTION 2 SIGNATURES AUG 0 1 2014

SALEM, OR

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME			O. ADDITIONAL CONTACT NO
Bruce A. Estes		(541) 382	2-7391
ADDRESS			
60382 Arnold Mkt. Rd.	•		
CITY	STATE	ZIP	E-MAIL
Bend	OR	97702	estessurveysllc@msn.com

Permit or Transfer Holder's of Record Signature or Acknowledgement

Each permit or transfer holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Tim McIsaac	Vice President	7/26/14

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SECTION 3

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CLAIM DESCRIPTION

1. Point of diversion/appropriation name or number:

SALEM, OR

POINT OF DIVERSION/APPROPRIATION (POD/POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG# (IF APPLICABLE)
BM 1	CROO 53842	L 102614

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Point of diversion/appropriation source and, if from surface water, the tributary:

POD/POA	Source	TRIBUTARY
NAME OR NUMBER		
BM 1	A well	In Watson Creek Basin

3. Developed use(s), period of use, and rate for each use:

POD/POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
BM 1	irrigation	alfalfa	April to October	2.95 cfs
Total Quantit	y of Water Us	2.95 cfs		

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of diversion or appropriation to the place of use:

Water is pumped from the well directly into the center pivot

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit? YES If yes, describe below.

The well was drilled about 600' south of the intended location. This is still in the same $\frac{1}{4}$ and tax lot. Gutierrez Cattle Co owns thousands of acres so the well is not close to any other wells. The pivot is also south of the intended location, but still in the same tax lot.

6. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
BM 1	2.95 cfs	3.56 cfs	NA	irrigation	250	235.6

SECTION 4 SYSTEM DESCRIPTION

Are there multiple PODs or POAs?

NO

If "YES" you will need to copy and complete Sections 4B through 4G for each POD/POA.

POD/POA Name or Number this section describes (only needed if there is more than one):

BM 1

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A. Place of Use

1. Is the right for municipal use? NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY	IF IRRIGATION, # SUPPLEMENTAL
								ACRES	ACRES
16 S	22 E	WM	36	NE NE			irrigation	14.0	
16 S	22 E	WM	36	NW NE			irr	5.2	
16 S	22 E	WM	36	SW NE			irr	35.6	
16 S	22 E	WM	36	SE NE			irr	40.0	
16 S	22 E	WM	36	NE SE			irr	40.0	
16 S	22 E	WM	36	NW SE			irr	34.5	1
16 S	22 E	WM	36	SW SE			irr	3.9	
16 S	22 E	WM	36	SE SE			irr	12.0	
16 S	23 E	WM	31	NW NW	1		irr	1.6	
16 S	23 E	WM	31	SW NW	2		irr	25.0	
16 S	23 E	WM	31	NW SW	3		irr	23.0	
16 S	23 E	WM	31	SW SW	4		irr	0.8	
Total.	Total Acres Irrigated							235.6	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of diversion/appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL	TYPE (CENTRIFUGAL,	INTAKE	DISCHARGE
		Number	TURBINE OR SUBMERSIBLE)	SIZE	SIZE
			Turbine	open	
3 Motor Informati	on		REC	EIVED BY	OWRD

3. Motor Information

MANUFACTURER	HORSEPOWER		
U S Electric	150		

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SALEM, OR

4. Theoretical Pump Capacity

Horsepower	OPERATING PSI	*IF T FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
150	50	192'	0	3.31 cfs

5. Provide pump calculations:

Turbine pump -80% efficient. 7.04xHP/static water level + drawdown + pressure = Q. SWL -112', DD 80', 50 psi = 127'. $7.04 \times 150/112 + 80 + 127 = 3.31$ efs

6. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER	ENDING METER	DURATION OF TIME	TOTAL PUMP OUTPUT
READING	READING	OBSERVED	(IN CFS)
NA			

Reminder: For pump calculations use the reference information at the end of this document.

7. Is the distribution system piped?

YES

If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	15'	steel	Above

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
NA					

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	1807	50	1600	3.56 cfs

12. Additional notes or comments related to the system:

C. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)?

YES

If "NO", items 2 through 8 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

Air line in turbine base

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COBU Form Large & Transfer - July 1, 2013

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
14"	18.5'	320'	6/29/2010	NA	Gutierrez Cattle Co.	Maphet

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

CROO 53842 L 102614

5. Is the appropriation from a dug well (sump)? NO

If "NO", items 6 through 8 relating to this section may be deleted.

D. Storage RECEIVED BY OWRD

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)

NO

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If "NO", item 2 and 3 relating to this section may be deleted.

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E. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

F. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? NO If "NO", items 2 through 4 relating to this section may be deleted.

G. Reservoir

1. Does the claim involve a reservoir modified through a transfer? NO Reminder: Complete this section if the reservoir right has been modified through the transfer process. If the claim is for a permitted reservoir use the Claim of Beneficial Use form for reservoirs.

If "NO", items 2 through 9 relating to this section may be deleted.

SECTION 5 CONDITIONS

All conditions contained in the permit, permit amendment, transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits, transfer final orders, and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the

date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines

established in the permit, extension or transfer final order:

	DATE FROM	DATE	DESCRIPTION OF ACTIONS TAKEN BY
	PERMIT OR	ACCOMPLISHED*	WATER USER TO COMPLY WITH THE
	TRANSFER		TIME LIMITS
ISSUANCE DATE	10/29/2009	The same and the	· 大大学 - 100 100 100 100 100 100 100 100 100 1
BEGIN CONSTRUCTION (A)	NA		
COMPLETE CONSTRUCTION (B)	10/29/2014	March, 2012	Well drilled 6/29/2010. Pump and pivot installed March, 2012
COMPLETE APPLICATION OF WATER (C)	10/29/2014	April, 2012	Ground prepared, seeded and irrigated.

^{*} MUST BE WITHIN PERIOD BETWEEN PERMIT, TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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2. Is there an extension final order(s)?

NO

If "NO", you may delete item 3 in this section.

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4. Initial Water Level Measurements:

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a. Was the water user required to submit an initial static water level measurement?

YES

If "NO", items 4b through 4d relating to this section may be deleted.

b. What month was the initial measurement to be taken in?

c. Was the measurement submitted to the Department? YES

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	Метнор	MEASUREMENT
3/31/2011	Bruce Estes	E tape	111' 4"

- 5. Annual Static Water Level Measurements:
- Was the water user required to submit annual static water level measurements? YES

If "NO", items 5b through 5e relating to this section may be deleted.

b. Provide the month, or months, the static water level measurement(s) were to be made: March

- c. Were the static water level measurements taken in the month(s) required? Tried to obtain readings in 2012 and 2013. We drilled 3 holes in the turbine base in 2013, but could not get the E tape down. Finally got an air line in the well this year.
- d. If "YES", were those measurements submitted to the Department? NO, not available.
- e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

- 6. Pump Test (Required for most ground water permits prior to issuance of a certificate)
- a. Did the permit require the submittal of a pump test? YES

If "NO", items 6b through 6e relating to this section may be deleted.

- b. Has the pump test been previously submitted to the Department? YES, submitted for well #2 under permit G-12498 and well #4 under permit G-15078 in 2010. Mike Zwart approved those well tests for all of Gutierrez permits, but this permit had not been assigned to Gutierrez yet.
- c. Is the pump test attached to this claim? NO
- d. Has the pump test been approved by the Department? YES
- e. Has a pump test exemption been approved by the Department? Not yet.
- ** Claims will not be reviewed until a pump test or exemption has been approved by the Department
- 7. Measurement Conditions:
- a. Does the permit, permit amendment, transfer final order, or any extension final order require the installation of a meter or approved measuring device?

If "NO", items 7b through 7f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed? YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL#	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
BM 1	McCrometer	7252 -8	working	10.001,0	May 2012

If a meter has been installed, items 7d through 7f relating to this section may be deleted.

- **8.** Recording and reporting conditions
- a. Is the water user required to report the water use to the Department? YES

If "NO", item 8b relating to this section may be deleted.

b. Have the reports been submitted? YES

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID	
Paper	26476	

If the reports have not been submitted, attach a copy of the reports if available.

- 9. Fish Screening
- a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion?

If "NO", items 9b through 9e relating to this section may be deleted.

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10. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion?

If "NO", items 10b and 10c relating to this section may be deleted.

- 11. Other conditions required by permit, permit amendment final order, extension final order, or transfer final order:
 - a. Were there special well construction standards?
 - b. Was submittal of a ground water monitoring plan required?
 - c. Was the water user required to restore the riparian area if it was disturbed? NO
 - d. Was a fishway required?

NO

e. Was submittal of a letter from an engineer required prior to storage of water?

110

f. Was submittal of a water management and conservation plan required?

NO

g. Other conditions?

NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

TAT	Α.
	A
7 4	1 1

SECTION 6

ATTACHMENTS

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION	
Claim map	Map	
Well log	Blue Mountain well #1 log	
WRD letter	Well test letter allowing test for all Gutierrez permits.	

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

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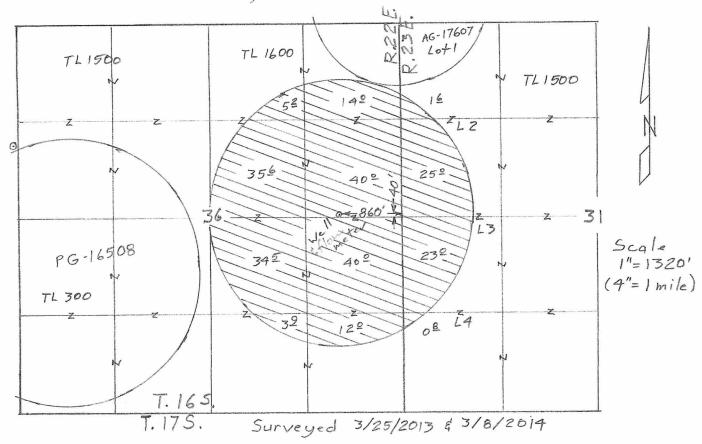
AUG 0 1 2014

include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.			
I used a GPS unit to locate the well and pivot.			

Provide a general description of the survey method used to prepare the map. Examples of possible methods

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T. 16 S., R. 22 \$23 E., W.M.



@ 2356 acres

App G-17067 Per G-16604

Claim of Beneficial Use Map for GUTIERREZ CATTLE Co.

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AUG 0 1 2014

SALEM, OR

This map is for the purpose of locating a water right only and has no intent to provide legal dimensions or the location of property lines.



ESTES SURVEYS, LLC

PO Box 17519 Salem, OR 97305 7519 (503) 585 7503

60382 Arnold Rd Bend, OR 97702 (541) 382-7391

CROO 53842

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

07-28-2010

Page 1	1 of
:=:	

WELL LABEL # L	102614	_
START CARD#	1010246	

(1) LAND OWNER Owner Well I.D. 1555	(9) LOCATION OF WELL (legal description)
First Name Last Name	County Crook Twp 16.00 S N/S Range 23.00 E E/W WM
Company GUTIERREZ CATTLE COMPANY	Sec 31 NW 1/4 of the SW 1/4 Tax Lot 1200
Address HC 68 BOX 3310 City POST State OR Zip 97754	Tax Map Number Lot Lat ° ' " or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long or DD Street address of well Nearest address
Alteration (repair/recondition) Abandonment	
(3) DRILL METHOD	PAULINA HWY
Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
	Date SWL(psi) + SWL(ft) Existing Well / Predeepening
(4) PROPOSED USE Domestic Irrigation Community	Completed Well 06-29-2010 110
Industrial/ Commercial Livestock Dewatering Thermal Injection Other	Flowing Artesian? Dry Hole?
	WATER BEARING ZONES Depth water was first found 285
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy Depth of Completed Well 320,00 ft.	DITECTOR OF THE PARTY OF THE PA
BORE HOLE SEAL sacks/	06-29-2010 285 310 1,300 110
Dia From To Material From To Amt lbs	
18 0 18.5 Bentonite 0 18.5 13 S	
14 18.5 320	
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other POURED IN DRY	SANDY TOP SOIL 0 1 LT BROWN CLAYSTONE 1 26
Backfill placed from ft. to ft. Material Size	GREY BASALT 26 135
Explosives used: Yes Type Amount	DK BROWN SANDSTONE 135 198
	GREY BASALT 198 255 BROWN SANDSTONE 255 276
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	BROWN SANDSTONE 255 276 GREY BASALT W/ SEAMS 276 320
	RECEIVED BY OWRD
Shoe Inside Outside Other Location of shoe(s)	
Temp casing Yes Dia From To	AUG 0 1 2014
(7) PERFORATIONS/SCREENS	
Perforations Method	SALEM, OR
Screens Type Material	SALEW, OFF
Perf/S Casing/Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	Date Started 06-04-2010 Completed 06-29-2010
creen Liner Dia From To width length slots pipe size	(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.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date
Pump Bailer • Air Flowing Artesian	Electronically Filed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed
1,300 320 1	(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
Temperature _55	performed during this time is in compliance with Oregon water supply well
Water quality concerns? Yes (describe below) From To Description Amount Units	construction standards. This report is true to the best of my knowledge and belief.
From To Description Amount Units	License Number 584 Date 07-28-2010 Electronically Filed
	Signed DARRELL MAPHET (E-filed)
	Contact Info (optional)



Water Resources Department

North Mall Office Building 725 Summer Street NE, Suite A Salem, OR 97301-1266 503-986-0900 FAX 503-986-0904

April 26, 2010

503-986-0844

Mr. Bruce Estes 60382 Arnold Mkt. Road Bend, OR 97702

Re: Gutierrez Cattle Company, Permits G-12498, G-15078, G-12657, 15598, G-16508 and application G-16915.

Dear Bruce:

I received your letter of April 3, 2010, which included the completed tests of well #2 (CROO 209 (289)), authorized under Permit G-12498 and well #4 (CROO 52330), authorized under Permit G-15078. I can approve the tests. No further testing of the wells is required. In addition, I am approving the request for multiple well exemptions for the other wells listed on these permits and the other permits listed above.

If you have any questions, please call me at the above number.

Sincerely,

Michael J. Zwart

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Hydrogeologist

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