CLAIM OF BENEFICIAL USE for Transfer New or Additional POA Only

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

A fee of $230 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each transfer.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at: https://www.oregon.gov/OWRD/Forms/Pages/default.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.\

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

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:
https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx

SECTION 1
GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES** NO
If additional changes were authorized, you will need to select a different form.

1. File Information

Application #
T-12903

2. Property Owner (current owner information)

Applicant/Business Name		Phone No.	Additional Contact No.
White Hereford Ranch, Inc.		541-589-1476	
Address 31053 Eben Ray Lane			
City Burns	State OR	Zip 97720	E-Mail maryleewhite33@gmail.com

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each*** *transfer holder of record must sign this form.*

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

Transfer Holder of Record		
Same		
Address		
City	State	Zip

4. Date of Site Inspection:

5/9/2020 & 2/9/2024

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

Name	Date	Association with the Project
Mary Lee White	5/9/2020 & 2/9/2024	Owner/Manager
Sam Glerup	"	"

6. County:

Harney

7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

Owner of Record		
Address		
City	State	Zip

Add additional tables for owners of record as needed

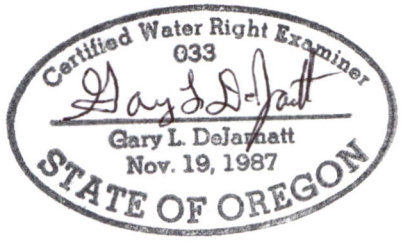
SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature



Renewal Date: 12-31-2025

CWRE Name		Phone No.	Additional Contact No.
Gary L. DeJarnatt Project # 23074			John Short 541-389-2837
Address			
2391 NW Redwood Ave			
City	State	Zip	E-Mail
Redmond	OR	97756	johnshort@usa.com

Transfer Holder of Record Signature or Acknowledgement

Each *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
Mary Lee White	Mary Lee White	Pres/Sec White Horse Ranch, Inc	4/8/24

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SECTION 3

CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

1. New or additional point of appropriation name or number:

Point of Appropriation (POA) Name or Number (correspond to map)	Well Log ID # For All Work Performed on the Well (if applicable)	Well Tag # (if applicable)	Source (If Listed In Transfer Final Order)
Well 1	HARN 50310	L-21286	Silvies River
New Well	HARN 52711	L-128171	"

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

If well logs are available, items A and B below can be deleted

A. 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

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

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? YES **NO**

If yes, describe below.

(e.g. *"The order allowed three new/additional points of appropriation. The water user only developed one of the points."*)

Well 2 (HARN 50601) is not being claimed as an additional point of appropriation for C-84120.

3. Claim Summary:

New or Additional POA Name or #	Maximum Rate Authorized	Calculated Theoretical Rate Based on System	Amount of Water Measured
Well 1	1.28 cfs	0.08 cfs	n/a
New Well	1.28 cfs	4.52 cfs	n/a

SECTION 4

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)? YES NO

If *"YES"* you will need to copy and complete a separate Section 4.

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

Well 1 HARN 50310 L-21286

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		

2. Motor Information

MANUFACTURER	HORSEPOWER
	3/4

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
3/4	20	13 ft	2 ft	0.08

4. Provide pump calculations:

See attached OWRD Pump Calculations

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
n/a			

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

B. Groundwater Source Information (Well and Sump)

3. Is the appropriation from a dug well (sump)? YES **NO**

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

New Well HARN 52711 L-128171

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
Flowise	**89011**		**Turbine**		

2. Motor Information

Manufacturer	Horsepower
GE	**50**

3. Theoretical Pump Capacity

Horsepower	Operating PSI	Lift from Source to Pump *If a well, the water level during pumping	Lift from Pump to Place of Use	Total Pump Output (in cfs)
50	**20**	**24 ft**	**3 ft**	**4.52**

4. Provide pump calculations:

See attached OWRD Pump Calculations

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

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
n/a			

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

B. Groundwater Source Information (Well and Sump)

3. Is the appropriation from a dug well (sump)? YES **NO**

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

SECTION 5

CONDITIONS

All conditions contained in the 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:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	4-02-2020	
COMPLETENESS DATE FROM ORDER (C)	10-01-2021	5-09-2020

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)? YES **NO**

If "NO", you may delete the following table.

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? **YES** NO

If "NO", items b through f 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 appropriation.

b. Has a meter been installed? **YES** NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	OTEC	50737844	Working	01861	1998
Well 2	OTEC	82008530	Working	11494	2018
New Well	McCrometer	18-04005-06	Working	046039	2018

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

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? YES **NO**

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

5. Other conditions required by the transfer final order or extension final order:

a. Were there special well construction standards? YES **NO**

b. Was submittal of a ground water monitoring plan required? YES **NO**

c. Other conditions? YES **NO**

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

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Pump Calcs	**OWRD Pump Calculations**
Well Logs	**HARN 50310 / L-21286, HARN 52711 / L-128171**
CBU Map	**Claim of Beneficial Use Map**

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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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

On site direct measurement and NAIP Imagery

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- n/a Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- n/a Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) ***Not required for this type of Claim of Beneficial Use**
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- n/a Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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

HARN 52711
4/5/2018

WELL I.D. LABEL# L 128171
START CARD # 1038029
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name MARY LEE Last Name WHITE
Company WHITE HEREFORD RANCH INC
Address 31053 EBEN RAY LN.
City BURNS State OR Zip 97720

(2) TYPE OF WORK

[X] 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 [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 350.00 ft.

BORE HOLE

Dia	From	To
20	0	323
12	323	350

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	1	56	112	S
		Calculated	106	
		Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED DRY
Backfill placed from 56 ft. to 56 ft. Material CEMENTING BASK
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉		12	X	2	323	.250	◉		X	

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/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)
750		340	2

Temperature 61 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 290 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 23.00 S N/S Range 31.00 E E/W WM
Sec 6 NW 1/4 of the NW 1/4 Tax Lot 200
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ◯ Nearest address
30827 EBEN RAY LN. BURNS OREGON 97720

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	4/4/2018			24

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 13.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
3/30/2018	13	50	20			13
4/5/2018	70	350	100			24

(11) WELL LOG

Ground Elevation

Material	From	To
top soil	0	3
sandy brown clay	3	13
sand and gravel	13	50
brown clay	50	61
brown clay with sand and gravel layers	61	160
fractured brown clay with sand layers	160	260
fractured brown clay with pumice layers	260	320
broken red cinder	320	350

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Date Started 3/19/2018 Completed 4/4/2018

(unbonded) Water Well Constructor Certification

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

License Number 1739 Date 4/5/2018
Signed CHARLES FRY (E-filed)

(bonded) Water Well Constructor Certification

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

License Number 1355 Date 4/5/2018
Signed ARTHUR FRY (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:

Harm
50310

RECEIVED
MAY 2 9 1998
WATER RESOURCES DEPT
SALEM, OREGON

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

WELL I.D. # L L21286
START CARD # 098489

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

(1) OWNER: Well Number
Name Bill Springston
Address HC 71 Box 64A
City Burns State OR Zip 97720

(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

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

(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 195 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
16	0	18	grout	0	18	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12	+1	150	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☒ Perforations Method mills knive
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
103	129	3/8	100			☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500		147	6 1 hr.

Temperature of water 50 Depth Artesian Flow Found
Was a water analysis done? no ☐ Yes By whom
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata:

(9) LOCATION OF WELL by legal description:
County Harney Latitude Longitude
Township 23S N or S Range 31E E or W. WM.
Section 5 NW 1/4 NW 1/4
Tax Lot 4 Lot Block Subdivision
Street Address of Well (or nearest address) Eban Ray Rd

(10) STATIC WATER LEVEL:
13 ft. below land surface. Date 5-20-98
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 19

From	To	Estimated Flow Rate	SWL
19	200	800	13

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
topsoil clay loom	0	2	
clay & silt blk	2	19	
gravel/clay	19	40	
gravel med	40	59	
clay brn	59	67	
gravel med	67	73	
clay brn	73	103	
sand fine brn	103	106	
gravel fine/clay	106	116	
clay grey	116	122	
gravel fine	122	132	
sand fine brn	132	140	
clay grey	140	165	
clay tan	165	170	
gravel med,sand fine	170	208	
clay,gravel tan	208	230	

Date started 4-27-98 Completed 5-20-98

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number
Signed Date

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number
Signed Timothy K. Riley Date

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

Pump Capacity Calculation Sheet				***HARN 50310 L-21286 WELL 1***				
using Department designed formula:								
(hp)(efficiency) / (lift + psi head) = capacity in cfs								
Efficiency:								
Centrifugal = 6.61								
Turbine = 7.04								
Data Entry (fill in underlined blanks)								
HP =	0.75							
Efficiency =	7.04							
Lift =	15							
PSI =	20							
Results Calculated								
(hp)(efficiency) =		5.28						
Head based on psi =		50.8						
Total dynamic head =		65.8						
(head + lift)								
Pump Capacity =		**0.08**	**cfs**					

Pump Capacity Calculation Sheet				***HARN 52711 L-128171 NEW WELL***				
using Department designed formula:								
(hp)(efficiency) / (lift + psi head) = capacity in cfs								
Efficiency:								
Centrifugal = 6.61								
Turbine = 7.04								
Data Entry (fill in underlined blanks)								
HP =	50							
Efficiency =	7.04							
Lift =	27							
PSI =	20							
Results Calculated								
(hp)(efficiency) =		352						
Head based on psi =		50.8						
Total dynamic head =		77.8						
(head + lift)								
Pump Capacity =		**4.52**	**cfs**					