

**CLAIM OF  
BENEFICIAL USE  
for Transfers  
Place of Use Only**



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

**A fee of \$345 must accompany this form for transfers where the application was submitted on July 9, 1987, or later.**

**Enter the date the transfer application was submitted:**

**9/31/2023**

**Received**  
**NOV 07 2025**

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**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 7" 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 503-986-0900.

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 place of use.

**YES**

*If additional changes were authorized, you will need to select a different form.*

**1. File Information**

APPLICATION #

**T-14290**

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME <b>Table Rock Hay and Cattle, LLC</b>		PHONE NO. <b>541-829-3278</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 238</b>			
CITY <b>Christmas Valley</b>	STATE <b>OR</b>	ZIP <b>97641</b>	E-MAIL <b>Nathaniel.church@gmail.com</b>

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 <b>Same as above</b>		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

<b>7/9/2025</b>
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5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Nathaniel Church</b>	<b>7/9/2025</b>	<b>Managing Member</b>

6. County:

<b>LAKE</b>
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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 <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

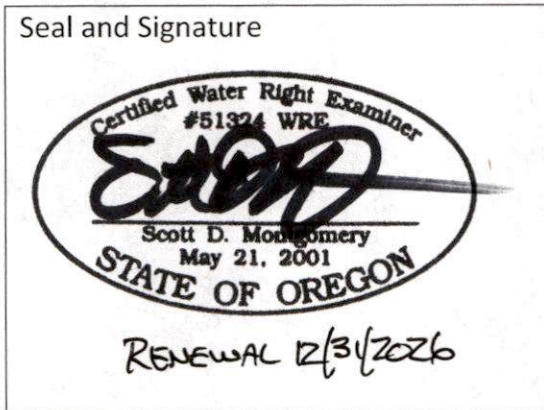
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**SECTION 2**  
**SIGNATURES**

CWRE Statement, Seal and Signature

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




CWRE NAME <b>Scott D Montgomery</b>		PHONE NO. <b>541-548-5833</b>	ADDITIONAL CONTACT NO. <b>541-420-0401</b>
ADDRESS <b>PO Box 767</b>			
CITY <b>Terrebonne</b>	STATE <b>OR</b>	ZIP <b>97760</b>	E-MAIL <b>scott@apeands.com</b>

Transfer Holder(s) 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
	<b>Nathaniel Church</b>	<b>Managing Member</b>	<b>11/4/2025</b>

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**SECTION 3**  
**EXTENT OF CHANGE COMPLETED**

**1. Claim Summary:**

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
67.2	67.2

If the use(s) was not irrigation or nursery:

WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
NA

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order?

**NO**

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

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## SECTION 4

### CONDITIONS

All conditions contained in the transfer, 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 AUTHORIZED CHANGE WAS COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	12/3/24	
COMPLETENESS DATE FROM ORDER (C)	10/1/26	7/9/25

\* 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)?

**NO**

#### 3. Measurement Conditions:

a. Does the transfer final order require the installation of a meter or approved measuring device?

**YES**

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
#3	McCrometer	11-03060-06	Working	624462 gal x 100	2011

#### 4. Other conditions required by the transfer final order:

a. 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):

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**SECTION 5**  
**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well log	LAKE 1386
Site photos	Time/location stamped pics for irr, system & POU

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## SECTION 6

### CLAIM OF BENEFICIAL USE MAP

A 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 must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

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.

**The irrigation system & place of use were tied to approximate boundary lines using a TopCon FC 6000 data collector in Statewide Lamber Projection.**

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## 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
- ☐ 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
- ☒ 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
- ☒ Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- ☐ Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Transfer application number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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2025-07-09 13:56:05

Lat: 43°09'29.48700", Lon: -120°47'14.83680"




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2025-07-09 14:09:27

Lat: 43°09'41.79084", Lon: -120°47'23.96157"





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2025-07-09 13:55:19  
North: 44°25'55.0938", East: 106°28'38.17"07.03730", Elev: 2



NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT.

SALEM, OREGON 97310

within 30 days of the date of well completion.

RECEIVED

MAY 16 1979

WATER RESOURCES DEPT

SALEM, OREGON

WATER WELL REPORT

(Please type or print)

(Do not write above this line)

Well sealed to 43 ft -

see state

in Adams State Well No.

attached

State Permit No.

28S/16E-11AC

G-10044

(1) OWNER:

Name Mrs. Renate Wolfstrom  
Address PO Box 132 Silver Lake, Ore 97638

(2) TYPE OF WORK (check):

New Well ☐ Deepening ☒ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐  
Cable ☒ Jetted ☐  
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

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

CASING INSTALLED:

Threaded ☐ Welded ☒

1.2" Diam. from 0 ft. to 43 ft. Gage 250  
" Diam. from ft. to ft. Gage  
" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? ☐ Yes ☒ No

Type of perforator used

Size of perforations in. by in.  
perforations from ft. to ft.  
perforations from ft. to ft.  
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

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

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

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

Yield: gal./min. with ft. drawdown after hrs.

" " " "

Bailer test 1000 gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m.

Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used cement

Well sealed from land surface to 4 ft.

Diameter of well bore to bottom of seal 15 in.

Diameter of well bore below seal 12" to 100 in - 8"

Number of sacks of cement used in well seal 20 sacks

How was cement grout placed? pressure grouted

Was a drive shoe used? ☐ Yes ☒ No Plugs Size: location ft.

Did any strata contain unusable water? ☐ Yes ☐ No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? ☐ Yes ☒ No Size of gravel:

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Lake Driller's well number 46  
SW 1/4 NE 1/4 Section 11 T.28S R. 16E W.M.  
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 133 ft.

Static level 23 ft. below land surface. Date May 12-79

Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 12" - 8"

Depth drilled 250 ft. Depth of completed well 250 ft.

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

MATERIAL	From	To	SWL
Topsoil	0	1	
Brown clay	1	10	
Light brown clay	10	39	
broken basalt & clay	39	72	
Basalt partial broken	72	76	
broken basalt	76	85	
Grey basalt hard	85	87	
broken basalt	87	94	
hard basalt grey	94	98	
broken red basalt	98	101	
Grey basalt hard	101	105	
Grey brown basalt	105	139	
Grey basalt	139	140	23
Grey & red cinder (water bearing)	140	148	
Grey cinders consolidated	148	188	
Red & brown cinder	188	247	
Grey basalt	247	250	
broken Grey basalt			

Work started May 10 1979 Completed May 12 1979

Date well drilling machine moved off of well May 14 1979

Drilling Machine Operator's Certification:

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

[Signed] Stan Adams Date May 13, 1979  
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1302

Water Well Contractor's Certification:

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

Name Lyle R. Adams  
(Person, firm or corporation) (Type or print)

Address PO Box 122X Silver Lake, Ore 97638

[Signed] Lyle R. Adams  
(Water Well Contractor)

Contractor's License No. 690 Date May 12, 1979

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Lyle Adams

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MAY 22 1979

WATER RESOURCES DEPT.  
SALEM, OREGON

Dear Sirs

I made a mistake on well sealed land surface  
to 4 ft. (suggested to be 43 ft.) on Mrs. Renette Wolfstrom log  
my no 46 well  
location Lake Co SW  $\frac{1}{4}$  of NE  $\frac{1}{4}$  Sec. 11 T28S R16E

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