CLAIM OF BENEFICIAL USE for Transfer with Multiple Changes - Groundwater

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
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:

3/7/2022

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

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SECTION 1
GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes. **YES**

Mark all that apply:

1. ☒ Change in POA(s) or Additional POA(s)
2. ☒ Change in Place of Use
3. ☐ Change in Character of Use

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION #
T-13942

2. Property Owner (current owner information)

Applicant/Business Name		Phone No.	Additional Contact No.
Rob Elder/Elder Ranch, Inc.		**541-493-2021**	**541-219-0995**
Address **38131 Sod House Ln**			
City **Princeton**	State **OR**	Zip **97721**	E-Mail **Klelder66@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 as above		
Address		
City	State	Zip

4. Date of Site Inspection:

3/26/26 & 8/12/26

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

Name	Date	Association with the Project
Rob Elder	**3/26/26 & 8/12/26**	**President/Transfer Holder**

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		
NA		
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.

Seal and Signature



CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Scott D Montgomery		**541-548-5833**	**541-420-0401**
ADDRESS **PO Box 767**			
CITY **Terrebonne**	STATE **OR**	ZIP **97760**	E-MAIL **scott@apeands.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
Robin Elder	**Robin Elder**	**President**	8/24/26
Kristi Elder	**Kristi Elder**	**Secretary**	8/24/26

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SECTION 3

Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? **YES**

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)
#2	**HARN 52795**	**L131470**	**Malheur Lake Basin**
#1	**HARN 52719**	**L127459**	**Malheur Lake Basin**
#3	**HARN 52796**	**L133020**	**Malheur Lake Basin**

Attach each well log available for the well (include the log for the original well and any subsequent

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? **Yes**

If yes, describe below.

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

The transfer order allowed 5 wells. The water user only developed 3 wells.

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3. Claim Summary:

New or Additional POA name or #	Maximum rate authorized	Calculated theoretical rate based on system	Amount of water measured
#2	**7.45 cfs**	**3.90 cfs**	**3.34 cfs**
#1	**7.45 cfs**	**3.90 cfs**	**Not running**
#3	**7.45 cfs**	**1.46 cfs**	**1.56**

System Description

Are there multiple new or additional Points of Appropriation (POA)? **YES**

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

#2 (HARN 52795)

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
Fairbanks Morse	**UNK**	**UNK**	**Turbine**	**22"**	**8"**

2. Motor Information:

Manufacturer	Horsepower
GE	**250**

3. Theoretical Pump Capacity – Pump at Well:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the depth to water from the ground surface measured at the well during pumping)	Lift to Place of Use (the lift from the ground surface at the well to the place of use)	Total Pump Output (in cfs)
250	**40**	**300'**	**50'**	**3.90**

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

4. Provide pump calculations:

Q = 7.04 ft/4/5/hp x hp = (7.04)(250) = 3.90 cfs
Total head, ft 451.6
Total head = 101.6' + 300' + 50' = 451.6'

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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)
288859.6 gal x 1000	**288861.6 gal x 1000**	**2 min**	**3.34**

6. Theoretical Pump Capacity – Pump at Sump:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the lift from the water surface to the pump)	Lift to Place of Use (the lift from the pump to the place of use)	Total Pump Output (in cfs)
No sump				

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

7. Provide pump calculations:

NA

8. 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)
NA			

9. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

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

#1 (HARN 52719)

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
Fairbanks Morse	**121DLC**	**UNK**	**Turbine**	**16"**	**8"**

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2. Motor Information:

Manufacturer	Horsepower
NIDEC	**250**

3. Theoretical Pump Capacity – Pump at Well:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the depth to water from the ground surface measured at the well during pumping)	Lift to Place of Use (the lift from the ground surface at the well to the place of use)	Total Pump Output (in cfs)
250	**40**	**300'**	**50'**	**3.90**

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

4. Provide pump calculations:

Q = 7.04 ft/4/5/hp x hp = (7.04)(250) = 3.90 cfs
Total head, ft 451.6
Total head = 101.6' + 300' + 50' = 451.6'

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)
Not running			

6. Theoretical Pump Capacity – Pump at Sump:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the lift from the water surface to the pump)	Lift to Place of Use (the lift from the pump to the place of use)	Total Pump Output (in cfs)
No sump				

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

7. Provide pump calculations:

NA

8. 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)
NA			

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9. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

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

#3 (HARN 52796)

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
Fairbanks Morse	**121DLC**	**UNK**	**Turbine**	**16"**	**8"**

2. Motor Information:

Manufacturer	Horsepower
GE	**75**

3. Theoretical Pump Capacity – Pump at Well:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the depth to water from the ground surface measured at the well during pumping)	Lift to Place of Use (the lift from the ground surface at the well to the place of use)	Total Pump Output (in cfs)
75	**40**	**250'**	**10'**	**1.46**

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

4. Provide pump calculations:

Q = 7.04 ft/4/5/hp x hp = (7.04)(75) = 1.46 cfs
Total head, ft 361.6
Total head = 101.6' + 250' + 10' = 361.6'

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)
248043.7 gal x 1000	**248047.3 gal x 1000**	**2 min**	**1.56**

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6. Theoretical Pump Capacity – Pump at Sump:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the lift from the water surface to the pump)	Lift to Place of Use (the lift from the pump to the place of use)	Total Pump Output (in cfs)
No sump				

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

7. Provide pump calculations:

NA

8. 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)
NA			

9. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

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Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use? **YES**

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
576.7	**576.7**

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

NEW USE(S)	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? **YES**

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."*)

The order authorized 5 wells, but only 3 were built

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Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use? **NO**

SECTION 4

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 Authorized Changes Were Completed *This Date Must Fall Between The "Issuance Date" And The "Completeness Date"
Issuance Date	**09/11/2023**	
Completeness Date From Order (C)	**10/1/2026**	**8/12/2026**

* 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, or any extension final order require the installation of a meter or other approved measuring device? **YES**

b. Has a meter been installed? **YES**

c. Meter Information

POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
#2	**Lindsay Growsmart**	**GT21101425**	**Not running**	**288.861.6 AF**	**2023**
#1	**Lindsay Growsmart**	**GT18083613**	**Not running**	**186.853 AF**	**2022**
#3	**Lindsay Growsmart**	**GT18083613**	**Not running**	**248.03.2 AF**	**2022**

4. Recording and reporting conditions

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

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

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

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

c. Other conditions? **NO**

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

SECTION 5

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well logs	**HARN 52795, 52719 & 52796**
Site photos	**Location/time stamped photos of system & place of use**

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SECTION 6

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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped 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.

The irrigation system & place of use were tied to approx.. boundaries using a Topcon FC-6000 data collector. Point data was converted to Statewide Lambert Projection & imported to CAD software.

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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
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ 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
- ☒ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- ☒ 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")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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NDED 6-13-22

L 127459 - verified on wel

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

WELL I.D. LABEL# L 127457
START CARD # 212646
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. #1
First Name Tim Last Name Puckett
Company
Address PO Box 255
City Christmas Valley State OR Zip 97641

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 920 ft.

BORE HOLE

Dia	From	To
22"	0	19
16"	19	600
10"	600	920

SEAL

Material	From	To	Amt	sacks / lbs
Bent	0	19	45	Sack
		Calculated	20	
		Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other 3 min flush
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	19	.250	☒	☐	☒	☐
☐	☐						☐	☐	☐	☐
☐	☐						☐	☐	☐	☐
☐	☐						☐	☐	☐	☐
☐	☐						☐	☐	☐	☐

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)
1500 gal	20'		8 hr

Temperature 60° °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 378

From	To	Description	Amount	Units

HARN 52219

(9) LOCATION OF WELL (legal description)

County Harney Twp 27 N/S Range 34 E/W WM
Sec 2 NE 1/4 of the NE 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
Anderson Valley Road Princeton OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	1-20-18			194

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 586

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
12-11-17	586	587	100gpm			194
12-11-17	587	920	1000gpm			194

(11) WELL LOG

Ground Elevation

Material	From	To
Top Soil	0	2
Tan Clay Stone	2	100
Brown clay Stone	100	263
Brown Sand Stone	263	292
Brown Clay	292	341
Tan clay Stone	341	585
Black Lava Rock	585	635
Red Lava Rock	635	762
Pumice	762	786
Gray Lava Rock	786	796
Pumice	796	803
Fractured Black Lava Rock	803	835
Red Cinder	835	920

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Date Started 12-11-17 Completed 1-25-18

(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.

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License Number Date

RECEIVED
MAY 07 2018
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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 1654 Date 4-25-18

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

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

HARN 52795

WELL I.D. LABEL# L 131470
START CARD # 21436
ORIGINAL LOG #

#2

HARN 52795

(1) LAND OWNER
Owner Well I.D.
First Name Tim Last Name PUCKETT
Company
Address PO Box 255
City Culver State OR Zip 97241

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)
Depth of Completed Well 1000 ft.

BORE HOLE

Dia	From	To

SEAL

Material	From	To	Amt	sacks/lbs
		Calculated		
		Calculated		

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
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
☒	☐	22"	☒	1'	19'	.250	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

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	Length	# slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
3000	21	265	12 hr

Temperature 60' °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 475

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Harney Twp 27 N/S Range 34 E/W WM
Sec 2 1/4 of the 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
Anderson Valley or Princeton OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	5-5-19			189

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 380'

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5-5-19	380	385	200gpm			189
5-5-19	385	980	3000gpm			187

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(11) WELL LOG Ground Elevation

Material	From	To
Top Soil	0	2
Brow Clay Hard	2	42
Tan Clay & Sand Hard	42	45
Brow Sand & Sand Hard	45	380
Pure Water	380	390
Brown Sand	390	480
Lava Rock	480	496
Red Lava Rock	496	563
Brown Lava Rock	563	598
Pumice	598	625
Lava Rock	625	635
Brown Lava Rock	635	798
Gray Basalt Hard	798	882
Pumice	882	976
Broken Lava Rock	976	980
Gray Clay	980	1000

Date Started 4-18-19 Completed 5-5-19

(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 765 Date 6-20-19
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

HARN 52796

STATE OF OREGON 1
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OR 690-205-0210)

WELL I.D. LABEL# L 133020
START CARD # 214237
ORIGINAL LOG #

HARN 52796

(1) LAND OWNER
Owner Well I.D.
First Name Tim Last Name Puckett
Company
Address PO Box 235
City Elk State OR Zip 97641

(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/ Commericial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)
Depth of Completed Well 1000 ft.

BORE HOLE

Dia	From	To
22"	0	39
16"	39	980
8"	980	1000

SEAL

Material	From	To	Amt	sacks/lbs
Bent	0	39	80	sack
		Calculated	45	
		Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other 3 Min pure 3/8 Bent
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	39	.250	☒	☐	☒	☐
☐	☐						☐	☐	☐	☐
☐	☐						☐	☐	☐	☐
☐	☐						☐	☐	☐	☐
☐	☐						☐	☐	☐	☐

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

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(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		1000	

Temperature 55° °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 397

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Harney Twp 27 N/S Range 34 E/W WM
Sec 2 1/4 of the 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
Anderson Valley RW Princeton Ck

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	4-18-19			194

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 580

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
4-18-19	580	585	500gpm			194'
4-18-19	585	1000	1500			194'

(11) WELL LOG Ground Elevation

Material	From	To
Top Soil	0	2
Brown Clay	2	80
Brown Sand Stone Hard	80	262
Sand clay Stone	262	398
Brown Sand Stone	398	492
Tan Clay Stone	492	540
Fractured Lava Rock	540	580
White Pumice	580	652
Lava Rock Gray	652	665
Brown Sand Stone with Pumice	665	782
Blue Pumice with Rock	782	852
Brown Lava Rock	852	980
Blue Clay	980	1000

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Date Started 3-18-19 Completed 4-18-19

(unbonded) Water Well Constructor Certification
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License Number Date
Signed

(bonded) Water Well Constructor Certification
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License Number 1654 Date
Signed
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
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D/W ENTRANCE LOOKING SOUTH

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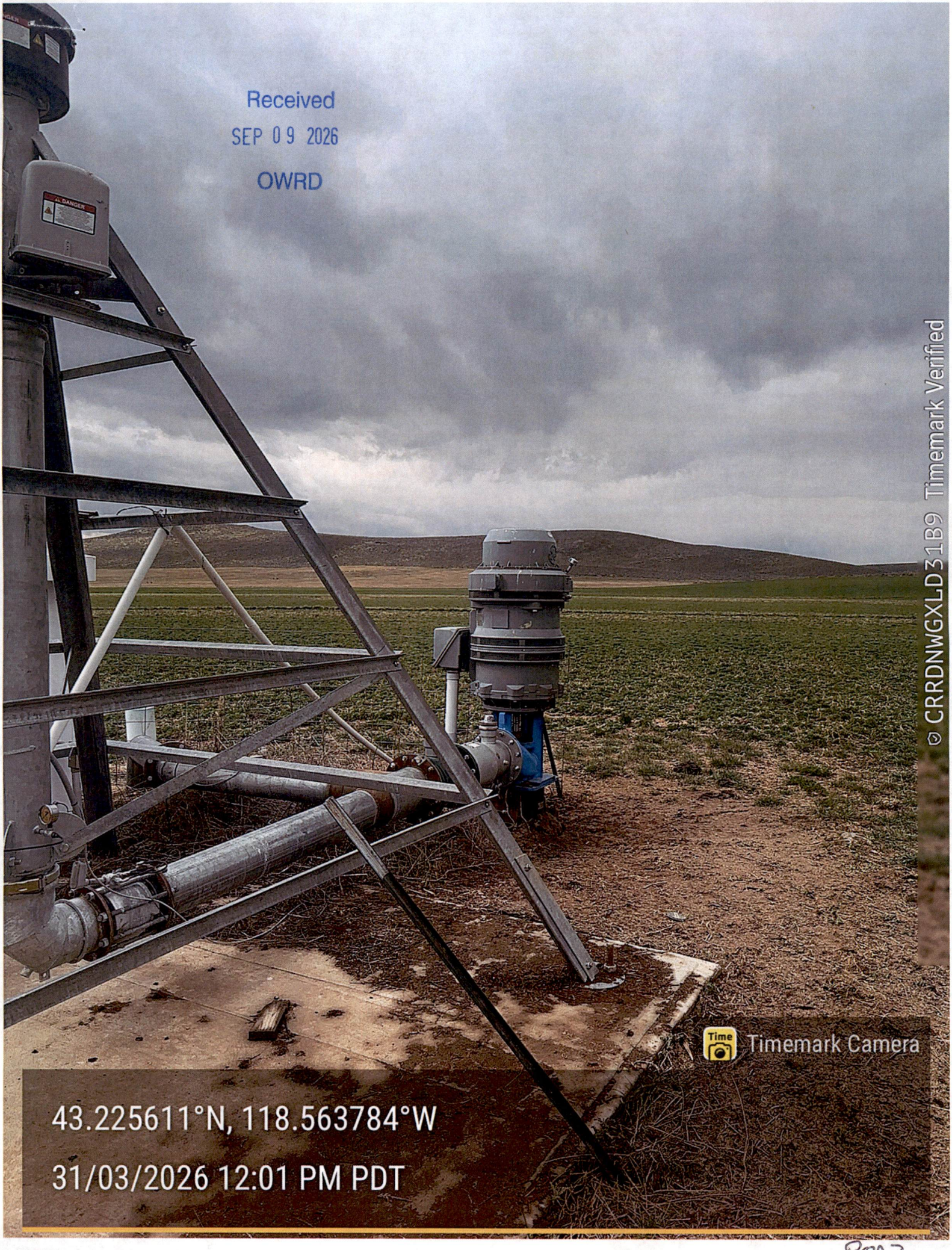


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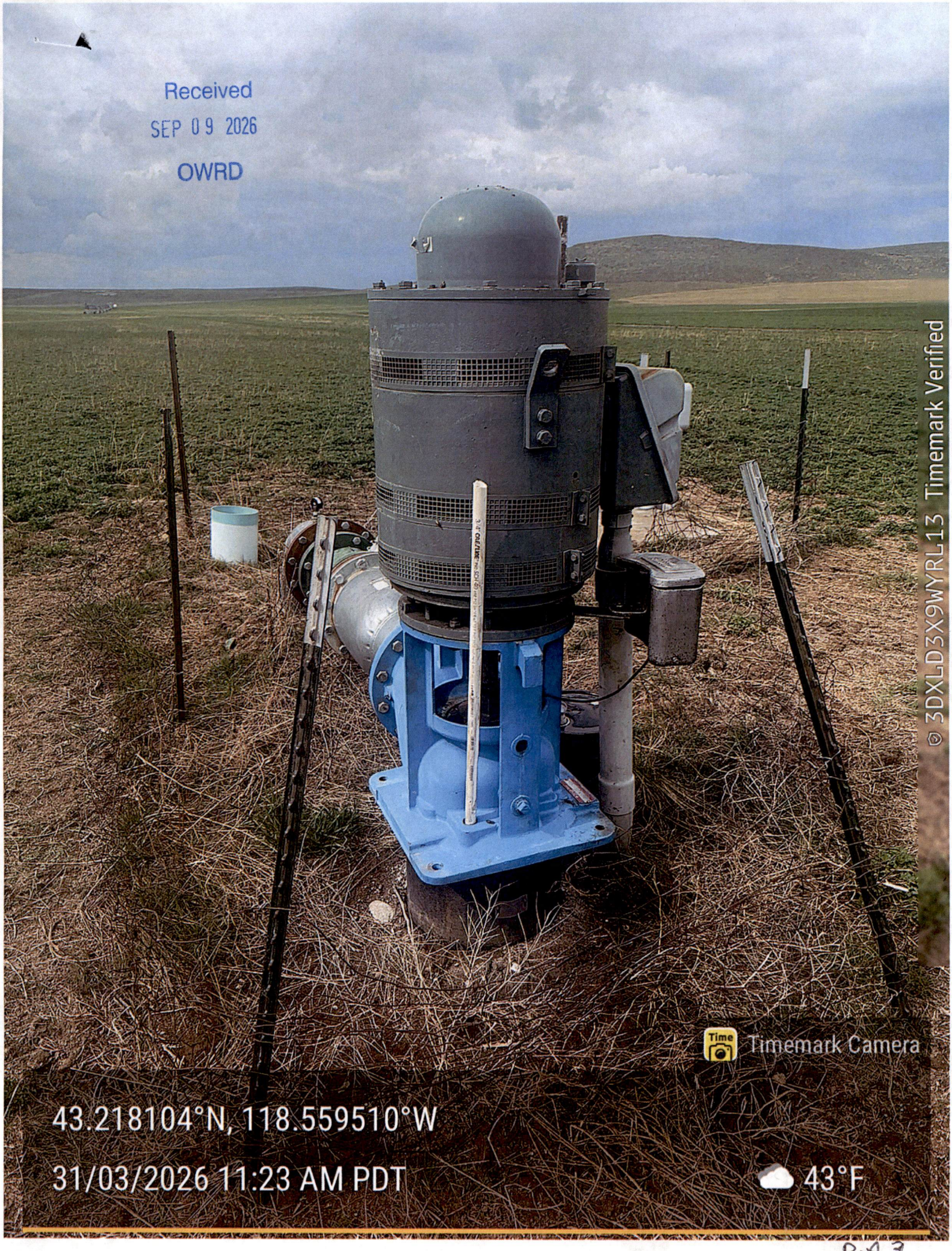


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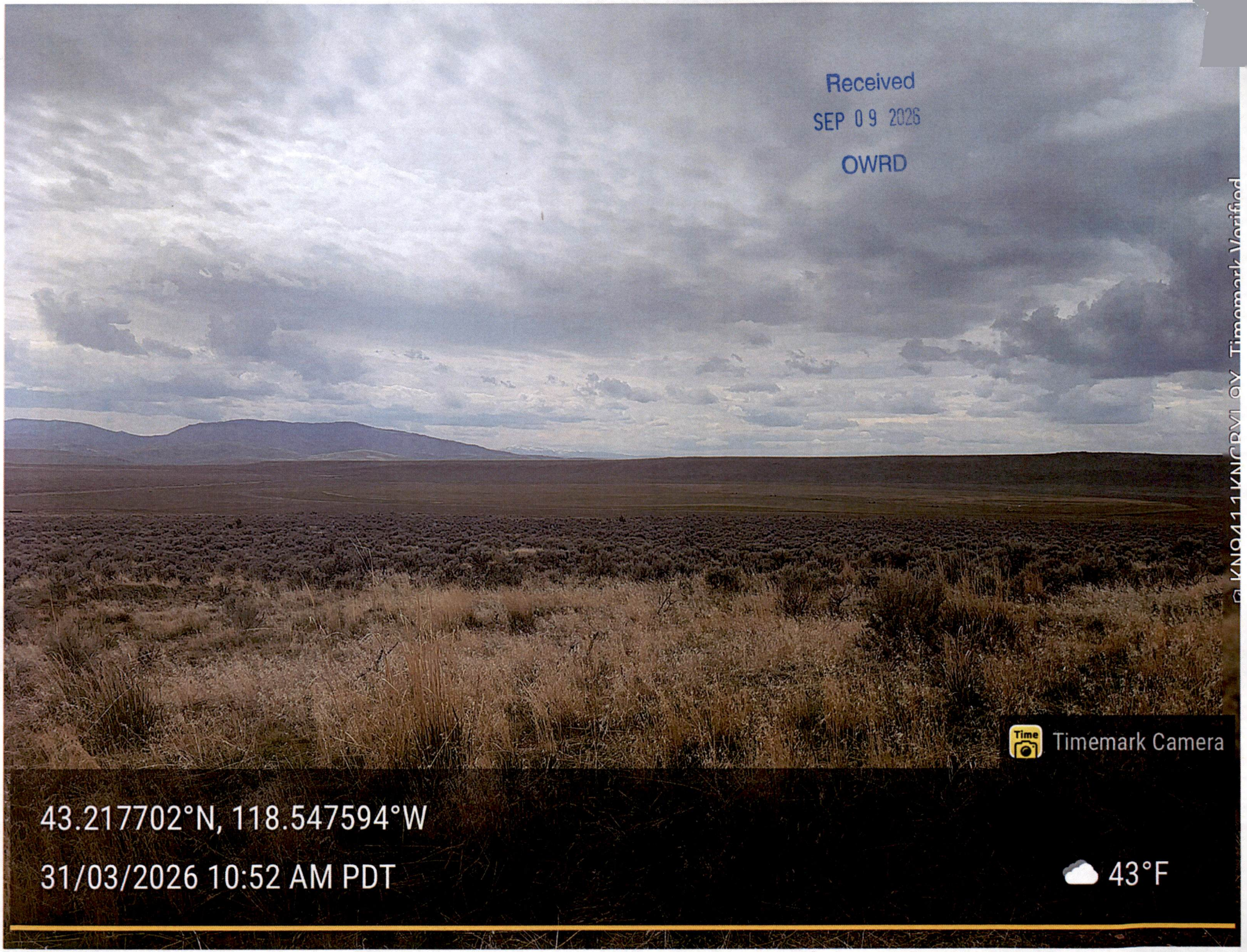


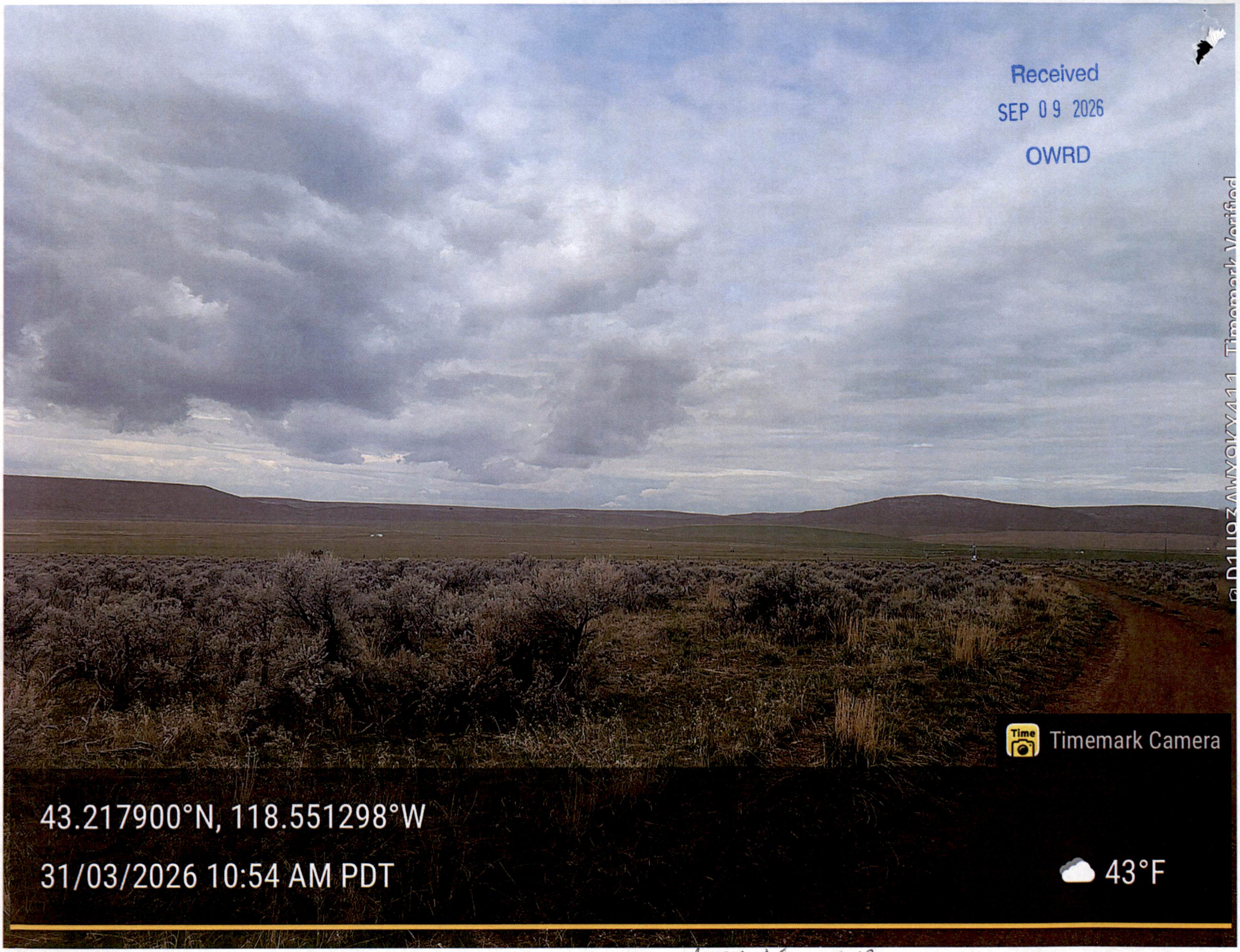

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Timemark Camera
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31/03/2026 12:01 PM PDT

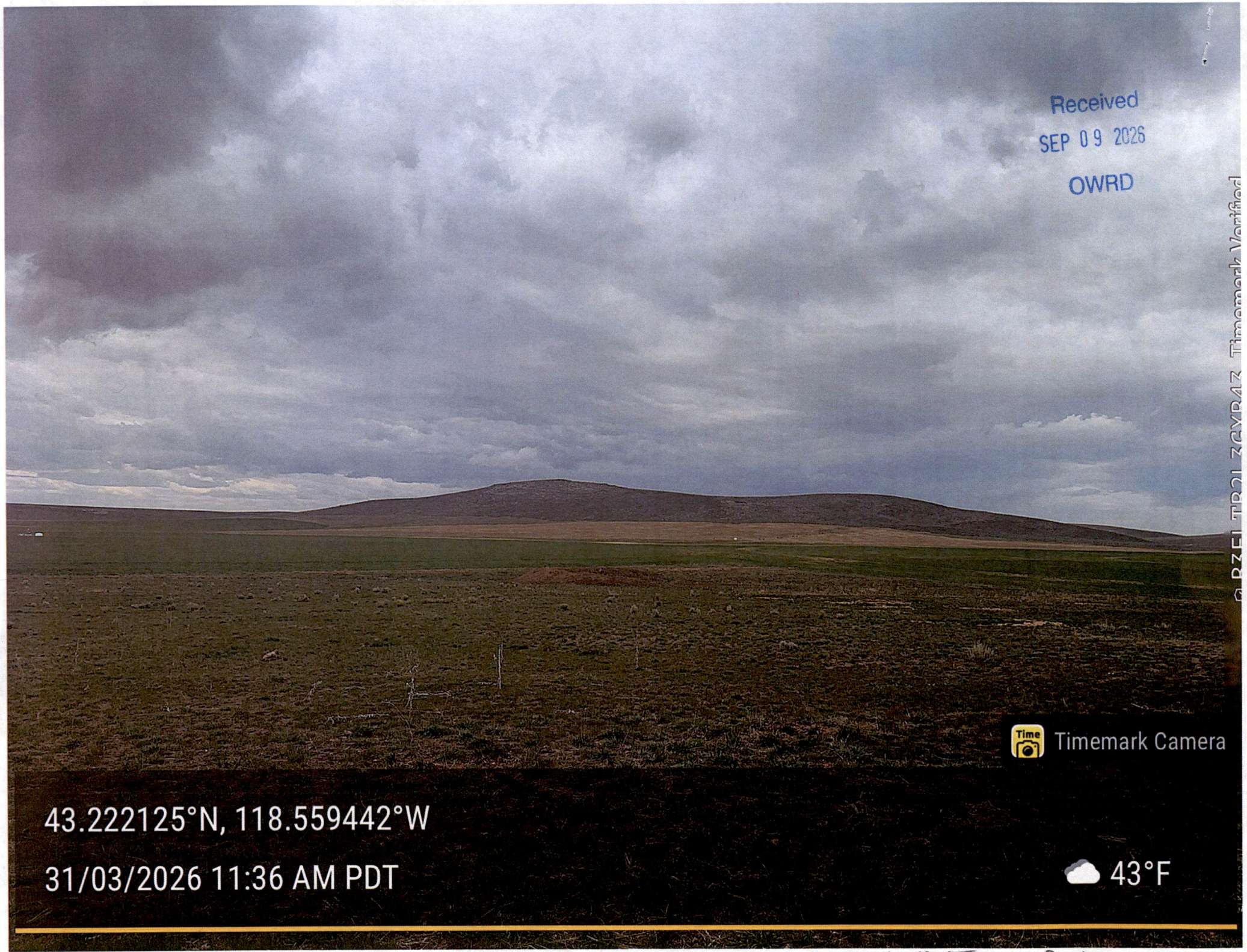
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31/03/2026 11:23 AM PDT
43°F

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LOOKING WEST


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31/03/2026 10:54 AM PDT
43°F
LOOKING SW



LOOKING WEST POM

ALL POINTS
ENGINEERING & SURVEYING, INC.
P.O. Box 767 (CRR)
Terrebonne, Oregon 97760

TRANSMITTAL

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

Date: 9/4/2026
Attention: Certificates
RE: COBU's for T-13942

[X] Prints [] Plans [] Plat [] Specifications.

Attached is a COBU on T-13942 for Elder Ranch, LLC.

If you have any questions please don't hesitate to call 541-548-5833 or email me at scott@apeands.com.

Copies	No.	Description
1	1	COBU T-13924 (14 pages letter bond)
1	2	COBU Maps
1	3	Well logs (3 pages letter bond)
1	4	Site photos (19 pages letter bond)
1	7	Check for $345.00

Signed: Derrick Montagy

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