

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

FEB 15 1992

BAKER
1939

138/44E/46

(START CARD) # 23498

(1) OWNER: Well Number 1
 Name Leroy Valintine (Dewmont Corp.)
 Address 2958 Cmbell St.
 City Baker City State Oregon Zip 97814

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other Mining/trailor pk.

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 285 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		Amount sacks or pounds	
Diameter	From	To	From	To		
14"	0	25	Cement	0	25	1530 lbs
8"	25	285				

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: 8"	1	25	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4.5	-10	275		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 25

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
215	275	1/8x5	1000	4.5		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
35		285	2 1 hr.

Temperature of Water 61 Depth Artesian Flow Found _____
 Was a water analysis done? 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 Baker Latitude _____ Longitude _____
 Township 13 S. N or S. Range 44 E. E or W. WM.
 Section 4 NE 1/4 NW 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

0 ft. below land surface. Date 10-25-92
 Artesian pressure 2 lb. per square inch. Date 11-5-92

(11) WATER BEARING ZONES:

Depth at which water was first found 136

From	To	Estimated Flow Rate	SWL
135	136	35	0

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Brown Clay	0	15	
Black Rock	15	135	
Fractured	135	136	0
Black Rock	136	285	

Date started 10-20-92 Completed 11-5-92

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number 682

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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 682

Signed [Signature] Date _____