

Amended

BAKE 52184

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

WELL LABEL # L 106157

START CARD # 1015180

(1) LAND OWNER
Owner Well I.D.
First Name Last Name
Company BLM
Address 100 Oregon St.
City Vale State OR Zip 97918

(2) TYPE OF WORK
[X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE
[] Domestic [] Irrigation [] Community
[X] Industrial Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 440 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, lbs. Row 1: 12, 0, 440, Cement, 0, 110, 44, S

How was seal placed: Method [] A [] B [X] C [] D [] E
[] Other

Backfill placed from 110 ft. to 220 ft. Material 3/8 Gravel
Filter pack from 220 ft. to 440 ft. Material 3/8 Gravel Size

Explosives used: [] Yes Type Amount

(6) CASING/LINER
Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 8, 2, 220, .250, [X], [X]

Shoe [] Inside [] Outside [] Other Location of shoe(s)

Temp casing [X] Yes Dia 12 From 0 To 30

(7) PERFORATIONS/SCREENS
Perforations Method Factory Perforated
Screens Type Certa-lok SDR17 Material PVC

Table with columns: Perf S Casing/Screen, Dia, From, To, Sem/slot width, Slot length, # of slots, Tele. pipe size. Row 1: 8, 220, 440, .032, 3, 47.058, 8

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

Table with columns: Pump/Bailer/Air/Flowing Artesian, Yield gal/min, Drawdown, Drill stem Pump depth, Duration (hr). Row 1: 185, 158, 315, 4

Temperature 60 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units. Includes stamp: RECEIVED DEC 07 2011

(9) LOCATION OF WELL (legal description)
County BAKER Twp 12 S N/S Range 39 E E/W WM
Sec 26 NW 1/4 of the NW 1/4 Tax Lot 1100
Tax Map Number Lot
Lat " or 44.498067 DMS or DD
Long " or -117.90915 DMS or DD
[] Street address of well [] Nearest address
17.5 mi from HWY 26-245 intersection and 1/2 mi north up canyon

(10) STATIC WATER LEVEL
Date 11-09-2011 SWL(psi) + SWL(ft)
Existing Well - Predeepening
Completed Well 98
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Table with columns: SWI, Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 11-09-2011, 265, 398, 185, 98

(11) WELL LOG
Table with columns: Material, From, To. Rows include Sand & Gravel, Gravel & Brown Clay Mix, Brown & Black Rock, Reddish Lava Rock, Black Lava Rock, Red & Black Lava Rock, Black Lava, Black Lava w/Fractures, Black Lava w/Frac, Red Lava w/Frac, Black Lava w/Frac, Black Lava.

Date Started 10-19-2011 Completed 11-09-2011

(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
Password: (if filing electronically)
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 1417 Date 11-28-2011
Password: (if filing electronically)
Signed
Contact Info (optional)

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

WELL LABEL # 106157
START CARD # 1015180

(1) LAND OWNER Owner Well I.D. _____

First Name Phillip Last Name Wirth
 Company High Bar Mining LLC
 Address P.O. Box 428
 City Long Creek State OR Zip 97856

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 440 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
12	0	440	Cement	0	110	44	S

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 110 ft. to 220 ft. Material 3/8 Gravel
 Filter pack from 220 ft. to 440 ft. Material 3/8 Gravel Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	220	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 12 From 0 To 30

(7) PERFORATIONS/SCREENS

Perforations Method Factory Perforated
 Screens Type Certa-lok SDR17 Material PVC

Perf/S	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
creen	Liner	Dia	From	To	width	length	slots	pipe size	
Screen		8	220	440	.032	3	47.058	8	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
185	158	315	4

Temperature 60 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County BAKER Twp 12 S N/S Range 39 E E/W WM
 Sec 26 NW 1/4 of the NW 1/4 Tax Lot 1100
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.498067 DMS or DD
 Long _____ " or -117.90915 DMS or DD
 Street address of well Nearest address

17.5 mi from HWY 26/245 intersection and 1/2 mi north up canyon

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	11-09-2011		98

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 265

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-09-2011	265	398	185		98

(11) WELL LOG Ground Elevation _____

Material	From	To
Sand & Gravel	0	10
Gravel & Brown Clay Mix	10	30
Brown & Black Rock	30	105
Redish Lava Rock	105	117
Black Lava Rock	117	138
Red & Black Lava Rock	138	233
Black Lava	233	265
Black Lava w/Fractures	265	306
Black Lava w/Frac	306	364
Red Lava w/Frac	364	373
Black Lava w/Frac	373	398
Black Lava	398	440

RECEIVED
DEC 01 2011
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 10-19-2011 Completed 11-09-2011

(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 _____
 Password: (if filing electronically) _____
 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 1417 Date 11-28-2011
 Password: (if filing electronically) _____
 Signed Dave Adamson
 Contact Info (optional) _____