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STATE OF OREGON	BAKE	52392	WELL I.D. LABEL	# L 11408	39	
WATER SUPPLY WELL REPORT			START CARD	# 10238	303	
(as required by ORS 537.765 & OAR 690-205-0210)	2/3/2	2015	ORIGINAL LOG	#		
(1) LAND OWNER Owner Well I.D.						
First Name BILL Last Name DOLSEN	•	(9) LOCATI	ON OF WELL (legal	l descrit	ntion)	
Company MCEST RANCHES LLC.				-		
Address P.O BOX 1726			Twp 7.00 S			
City YAKIMA State WA Zip 98907		Sec <u>29</u> <u>5</u>	W $1/4$ of the SW	_ 1/4	Tax Lot <u>280</u>	0
(2) TYPE OF WORK New Well Deepening Conve	ersion	Tax Map Numbe	or' or	I	Lot	
Alteration (complete 2a & 10) Abandonment(com	mplete 5a)	Lat	or			DMS or DD
(2a) PRE-ALTERATION	<u> </u>	Long	" or			DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd		\sim	\sim	Nearest ad	dress	
Casing:		47012 CONRO	RD, BAKER CITY OR			
Material From To Amt sacks/lbs						
		(10) STATIC	WATED I EVEL			
(3) DRILL METHOD Rotary Air R Rotary Mud Cable Auger Cable Mud		(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)				
Reverse Rotary Cother		Existing Well / Pre-Alteration				
		Completed V		14		14
(4) PROPOSED USE Domestic X Irrigation Community			Flowing Artesian?		/ Hole?	
Industrial/ Commercial Livestock Dewatering		WATED DEADD	-		s first found 2	23.00
Thermal Injection Other		1				
		SWL Date	From To I	2st Flow	SWL(psi)	+ SWL(II)
(5) BORE HOLE CONSTRUCTION Special Standard (A	Attach copy)	7/22/2014	23 25	75		14
Depth of Completed Well 780.00 ft.		7/31/2014	175 710	1500		24
BORE HOLE SEAL	sacks/					
	mt lbs					
	51 S					
16 58.5 579 Calculated 4 8 579 780 <	50					
Calculated		(11) WELL I	COG Ground Eleva	tion		
How was seal placed: Method A B K C D	F		Material		From	То
Other	L	Top soil	Waterial		0	5
Backfill placed from ft. to ft. Material		Tanish brown cl	av stone hard		5	23
Filter pack from ft. to ft. MaterialSize		Brown clay stone WB			23	25
		Brown clay ston			25	175
Explosives used: Yes Type Amount		Brown clay ston	e soft WB		175	527
(5a) ABANDONMENT USING UNHYDRATED BENTONIT	ГЕ	Brown clay ston			527	587
Proposed Amount Actual Amount			ed hard with fractured WB		587	647
(6) CASING/LINER			hard with fractures WB		647	710
Casing Liner Dia + From To Gauge Stl Plstc V	Wld Thrd	Gray hard basalt		 	710	780
\bullet 12 \times 24 500 250 \bullet 1						
$\bullet \qquad 16 \qquad \boxed{12} \qquad 58.5 \qquad 250 \qquad \boxed{\bullet} \qquad $	××					
$\bullet \qquad 12 \qquad 500 \qquad 579 \qquad 365 \qquad \bullet \qquad 0$	X 🗌					
Shoe Inside Outside Other Location of shoe(s)						
Temp casing Yes Dia From To						
(7) PERFORATIONS/SCREENS						
Perforations Method Holt perferator						
Screens Type Material		Date Started7	/23/2014 Co	mpleted	8/20/2014	
Perf/ Casing/ Screen Scrn/slot Slot # of						
	pipe size	· /	ater Well Constructor Cert			
Perf Casing 12 360 460 .25 1 5400			e work I performed on the			
Perf Casing 12 460 560 .25 1 5400	12	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to				
			nowledge and belief.	morman	on reported a	loove are true to
		•		Date		
		License Number		Date		
(8) WELL TESTS: Minimum testing time is 1 hour		Signed				
\bigcirc Pump \bigcirc Bailer \bigcirc Air \bigcirc Flowing Ai	rtesian					
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)		(bonded) Water Well Constructor Certification				
1500 500 4			bility for the construction,			
			on this well during the cons			
			ng this time is in complia			
Temperature <u>56</u> °F Lab analysis Yes By		construction standards. This report is true to the best of my knowledge and belief.				
Water quality concerns? Yes (describe below) TDS amount	License Number 1606 Date 2/3/2015					
From To Description Amount						
	———	Contact Info (op	tional)			

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: