

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

WELL I.D. LABEL# I 114078
START CARD # 1024620
ORIGINAL LOG #

2/4/2015

(1) LAND OWNER
Owner Well I.D.
First Name BILL Last Name DOLSEN
Company MCEST RANCH LLC.
Address P.O BOX. 1726
City YAKIMA State WA Zip 97814

(2) TYPE OF WORK
[X] 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
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 667.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, Sacks/lbs. Rows include cement seal data for diameters 20, 16, and 12.

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe [X] Inside [] Outside [] Other Location of shoe(s)
Temp casing [] Yes Dia ___ From ___ To ___

(7) PERFORATIONS/SCREENS
Screens Type Method Holt perforator
Material
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table for well test results with columns: Temperature, Water quality concerns, From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)
County BAKER Twp 7.00 S N/S Range 40.00 E E/W WM
Sec 30 SW 1/4 of the SE 1/4 Tax Lot 2800
Tax Map Number Lot
Lat ' ' " or ' ' " DMS or DD
Long ' ' " or ' ' " DMS or DD
[] Street address of well [X] Nearest address
47012 CONRO RD, BAKER CITY OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 11/14/2014 22
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 25
SWL Date From To Est Flow SWL(psi) + SWL(ft)
10/9/2014 25 27 100 13
10/20/2014 140 601 1500 22

(11) WELL LOG
Ground Elevation
Material From To
Top soil 0 4
Tanish brown claystone hard 4 25
Brown claystone WB 25 27
Brown hard claystone 27 140
Brown clay stone med hard WB 140 305
Brown claystone med soft WB 305 520
Gray basalt med hard with fractures WB 520 601
Gray basalt med hard 601 660
Gray basalt hard 660 667

RECEIVED BY OWRD
MAR 12 2015
SALEM, OR

Date Started 10/7/2014 Completed 11/14/2014

(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 1606 Date 2/4/2015
Signed JOHN MARCIEL (E-filed)
Contact Info (optional)