

117880
1057744
BAKER
52476

2/2/2023

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER

Owner Well I.D. _____
 First Name _____ Last Name _____
 Company M&M RANCH, LLC
 Address 47862 ANTHONY LAKES HWY
 City NORTH POWDER State OR Zip 97867

(2) TYPE OF WORK

New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
 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/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)
 Depth of Completed Well 505.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
19	0	123				
12	123	300			Calculated	
10	300	505			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 _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input type="checkbox"/>	285	505	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 505

Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Holt perforator

Screens Type _____ Material _____

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Perf	Liner	Dia	From	To	width	length	slots	pipe size	
	Liner	8	425	505	.25	4	6400		

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		500	3

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 15 ppm
 From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County BAKER Twp 7.00 S N/S Range 38.00 E E/W WM
 Sec 12 NE 1/4 of the SW 1/4 Tax Lot 2800
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.96681703 DMS or DD
 Long _____ " or -118.00653136 DMS or DD
 Street address of well Nearest address

14190 TALLEY-DOBBINS LANE HAINES, ORE 97867

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	7/28/2022			21.5
Completed Well	8/9/2022			21.5

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 160.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/30/2022	430	500	500			21.5

(11) WELL LOG

Ground Elevation _____

Material	From	To
Existing well log	0	300
Tan clay with sand	300	360
Tan clay with sandy gravel	360	393
Gray small gravel med hard	393	430
Gray gravel soft clean	430	500
Gray gravel med hard	500	505

Date Started 7/28/2022 Completed 8/9/2022

(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 2/2/2023

Signed JOHN MARCIEL (E-filed)


Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

BAKE 52920

2/2/2023

Map of Hole

STATE OF OREGON WELL LOCATION MAP	Oregon Water Resources Department 725 Summer St NE, Salem OR 97301 (503)986-0900	
This map is supplemental to the WATER SUPPLY WELL REPORT		
LOCATION OF WELL	Well Label: 117880	
Latitude: 44.96681703 Datum: WGS84	Printed: February 2, 2023	
Longitude: -118.00653136	DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.	
Township/Range/Section/Quarter-Quarter Section: WM7.00S38.00E12NESW	Provided by well constructor	
Address of Well: 14190 TALLEY-DOBBINS LANE HAINES, ORE 97867		

