

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

(1) LAND OWNER
Owner Well I.D. _____
First Name MIKE Last Name FREI
Company HARVEST WEST INVESTMENTS LLC
Address 16904 JUANITA DR SUITE 269
City KENMORE State WA Zip 98028

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: 12 x 1 200 .250 [x] [] [] []
Material From To Amt sacks/lbs
Seal: Cement 0 200 253 Sacks

(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 476.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
20 0 200 _____ Calculated
12 200 510 _____ Calculated
10 510 548 _____

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 Thrd
[x] [x] [] [] [] [] [] [] [] [] []
8 191 476 .250 [x] [] [] [] [] [] []
Shoe Inside Outside Other Location of shoe(s) _____
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/ Screen Liner Dia From To width length slots pipe size
Perf Liner 8 260 420 .25 1 7680

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
950 _____ 420 2
Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 15 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County BAKER Twp 8.00 S N/S Range 40.00 E E/W WM
Sec 2 SW 1/4 of the SW 1/4 Tax Lot 904
Tax Map Number _____ Lot _____
Lat _____ " or 44.89291835 DMS or DD
Long _____ " or -117.78377390 DMS or DD
 Street address of well Nearest address
SNETKIE RD BAKER CITY ORE

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 11/6/2022 _____ + 76
Completed Well 12/6/2022 _____ + 76
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL	Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG
Ground Elevation _____

Material	From	To
Previous well log	0	548

Date Started 11/16/2022 Completed 12/6/2022
(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 3/6/2023
Signed JOHN MARCIEL (E-filed)
Contact Info (optional) _____

WATER SUPPLY WELL REPORT - continuation page

BAKE 52930

WELL I.D. LABEL# L	117894
START CARD #	1059380
ORIGINAL LOG #	

3/6/2023

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					○	○	□	□
					○	○	□	□
					○	○	□	□
					○	○	□	□
					○	○	□	□
					○	○	□	□
					○	○	□	□
					○	○	□	□
					○	○	□	□
					○	○	□	□

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amt	sacks/lbs
						Calculated	
						Calculated	
						Calculated	
						Calculated	

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○						○	○	□	□
○						○	○	□	□
○						○	○	□	□
○						○	○	□	□
○						○	○	□	□
○						○	○	□	□
○						○	○	□	□
○						○	○	□	□
○						○	○	□	□
○						○	○	□	□

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner Dia	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To

Comments/Remarks

Well had caved in from the Gray broken basalt from a zone at 225ft so an 8" steel liner was installed to prevent that zone from caving. The bottom of the well had filled in from 476ft to 548ft so I set the 8" liner to the depth of 476ft and left the material in the unused part of the well at the bottom.

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

BAKE 52930

3/6/2023

Map of Hole

