

Instructions for completing this report are on the last page of this form

(1) OWNER: Well Number: **02**

Name **PetroSun Fuel, Inc / Eagle Creek Food Mart**
 Address **P.O. Box 160**
 City **Kent** State **WA** Zip **98035**

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other **Holte**

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **102** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
11.5	0 18	Bentonite	5 0	6 Sacks	
7.6	18 83	Cement w/ 5%	18		
8	83 88	bentonite	5	18 Sacks	
7.6	88 97	Cement	88 78	13 Sacks	
6	97 102				

How was seal placed: Method A B C D E
 Other **Poured bentonite**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+2	88	.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"/>
Liner: XPacker	73	74	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	5 ID	74	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	5 ID	100	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations	Method	Material					
X Screens	Type V-Wire	S.Steel					
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
95	100	.010		6	Tele		<input checked="" type="checkbox"/>

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

Pump	Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
40		100	0.5 Hr.
38		93	0.5 Hr.

Temperature of Water **57.5** Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom **Driller, 1ppm Iron**
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other
 Depth of strata: **6' - 50'**

(9) LOCATION OF WELL by legal description:
 County **Clackamas** Latitude _____ Longitude _____
 Township **2SOUTH** N or S. Range **4EAST** E or W. of WM.
 Section **31A** **NW** 1/4 **NE** 1/4
 Tax lot **1200** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **29629 SE Hwy 211,**
Eagle Creek, OR

(10) STATIC WATER LEVEL:
37 ft. below land surface. Date **11/20/2008**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **6'**

From	To	Estimated Flow Rate	SWL
6	50	50	4
88	101	75	37

(12) WELL LOG:

Material	From	To	SWL
Clay, brown	0	6	
Gravel, multicolored medium to large	6	20	
Gravel, medium tight @times	20	50	
Clay, gray & blue sandy	50	58	
Clay, gray sandy	58	74	
Sand, gray very fine	74	77	
Clay, gray sandy	77	88	
Sand, fine to coarse w/pumice, mica & wood	88	101	37
Clay, gray sandy	101	102	

Skyles Drilling, Inc.
21912 S. Beaver Creek Rd.
Oregon City, OR 97045
503-656-2683

RECEIVED
DEC 16 2008

WATER RESOURCES DEPT
 SALEM, OREGON

Date started **11/14/2008** Completed **11/20/2008**

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.

Signed *[Signature]* WWC Number **1715**
 Date **11-21-08**
Skyles Drilling, Inc.

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.

Signed *[Signature]* WWC Number **1592**
 Date **11-21-08**
Skyles Drilling, Inc.