

#11

FEB - 6 1991

ER00
211

17S/22E/S Ca

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

SALEM, OREGON

(START CARD) # 23118

(1) OWNER: Well Number: _____
Name GUMERREZ CATTLE CO.
Address PSR 3310
City POST State ORE Zip 97752

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 340 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	35	Cement	0	35	37
12	35	240				
8	240	340				

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

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	12"	+2	35	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
800	Unknown	340	1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes No By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County CROOK Latitude _____ Longitude _____
Township 17S N or S, Range 22E E or W, WM.
Section 5 NE 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HIGHWAY 22

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20	23	20	1
174	219	900	1

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	1	
Gravel Clay	1	14	
Brown Sandstone	14	20	
Grey Rock	20	90	
Blue-Green Clay	90	125	
Brown Sandstone	125	149	
Red-Brown Sandstone	149	174	
Green Claystone	174	215	
Broken Rock	215	219	
Hard Grey Rock	219	259	
Green Rock	259	270	
Brown Clay-Soft	270	290	
Brown Claystone	290	329	
Grey Rock	329	346	

Date started 6-23-90 Completed 6-23-90

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ Date _____ WWC Number _____

(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 well construction standards. This report is true to the best of my knowledge and belief.
Signed Dan M. Maffett Date _____ WWC Number 584