

AUG 07 1987

CROOK 2429

15s/25E-33bb
Deep.

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:

Name OCHOCHO N. Forest
Address P.O. Box 490
City Prineville State OR Zip 97754

Owner's Well Number: Compound

(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:

Depth of Completed Well 227 ft.

Special Standards date of approval

HOLE		SEAL		Amount
Diameter	From To	Material	From To	
6"	0	193		
4"	193	227		

How was seal placed? Method A B C D E

Other Not

Backfill placed from Disturbed ft. to Disturbed ft. Material

Gravel placed from Disturbed ft. to Disturbed ft. Size of gravel

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					<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"/>	<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"/>	<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"/>	<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Pumping level	Drill stem at	Time
<u>50</u>	<u>15</u>		<u>1/2 hr</u>
<u>50</u>	<u>17</u>		<u>1 hr</u>

Temperature of water 53° Depth Artesian Flow Found EXISTING
Was a water analysis done? No Yes By whom USES will do
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other NONE
Depth of strata:

(9) LOCATION OF WELL by legal description:

County CROOK Latitude " Longitude "
Township 15 S Range 25 E E or WM.
Section 33 NW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Ranger Ranger Station, OCHOCHO N.E.

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure 20 lb. per square inch. Date 7-3-87

(11) WELL LOG: Ground elevation 4050

Material	From	To	WB?	SWL
<u>Slough in from well</u>	<u>192</u>	<u>193</u>		<u>Flow</u>
<u>Fractured vesicular Basalt</u>			<input checked="" type="checkbox"/>	<u>↓</u>
<u>Clay seam</u>	<u>193</u>	<u>223</u>		
<u>Solid Basalt (No Fractures)</u>	<u>223</u>	<u>224</u>		
	<u>224</u>	<u>227</u>		

All the above appears to be the same aquifer when solid basalt was encountered we stopped to avoid hitting a different aquifer.

Date started 6-29-87 Completed 7-5-87

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed NA Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Alan F. Sevey Date 8-5-87

Company Sevey well drilling Co. Job No Compound