

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

CROO 52423
AMMENDED - 1/11/05

CROO 52423
 WELL ID # **75454**
 (START CARD) # **162939**

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

(1) OWNER: Well Number: **Inj#1**
 Name **Town of Lakeview**
 Address **525 North 1st Street**
 City **Lakeview** State **OR** Zip **97630**

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **204** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
16in	0	180	Cement	0	180	132 sacks	
11in	180	194	Cement	0	150	66 sacks	
8.75	194	204					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from **150** ft. to **204** ft. Size of gravel **Pea**

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12in	+2	180	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8in	+2	181	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6in	172	182	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **Pullback**
 Screens Type **slotted** Material **Stainless**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
182	204	.040		6in	pipe	<input checked="" 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
225	6	105	24 hr.

Temperature of Water **194** Depth Artesian Flow found _____
 Was a water analysis done? Yes 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 LAKE** Latitude _____ Longitude _____
 Township **39S** N or S. Range **20E** E or W. of WM. _____
 Section **4(B)** **SE** 1/4 **NW** 1/4
 Tax lot **900** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Old Mill Rd., Lakeview, OR**

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date **12/2/04**
 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	117	200	3
188	203	800+	3

(12) WELL LOG: Ground elevation **5180**

Material	From	To	SWL
This well is for injection from production well approximately 3/4 mile away. Lost circulation occurred in the bottom from 193' to 204'. Drilled that portion with odex system and 8" casing. Set 6" screen and pulled back 8" to expose 6" screen.			
Injected well with water from Production well at a rate of 175 gpm with .5' rise in water level of injection well.			
RECEIVED			
SEE ATTACHED LITHOLOGY			
IAN 14 2005			
WATER RESOURCES DEPT SALEM, OREGON			
WESTERN WATER DEVELOPMENT P.O. Box 1670 Redmond, OR 97756			

Date started **9/20/2004** Completed **12/10/2004**

(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 my best knowledge and belief.
 Signed _____ WWC Number _____
 Date _____

(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 **Robert Buckner** WWC Number **1385**
 Date **12/31/2004**
Robert Buckner

WATER SUPPLY WELL REPORT

CROO 52423

WELL ID # 75454

(as required by ORS 537.765)

(START CARD) # 162939

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

(1) OWNER: Well Number: Inj#1
Name: Town of Lakeview
Address: 525 North 1st Street
City: Lakeview State OR Zip 97630

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

(3) DRILL METHOD:
[X] Rotary Air [X] Rotary Mud [] Cable [] Auger
[] Other

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [] Yes [X] No Depth of Completed Well 204 ft.
Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Rows include 16in, 11in, and 8.75 inch diameters with cement seals.

How was seal placed: Method [] A [] B [X] C [] D [] E
Backfill placed from 150 ft. to 204 ft. Material Pea
Gravel placed from 150 ft. to 204 ft. Size of gravel Pea

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for 12in, 8in casing and 6in liner.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes method Pullback, Type slotted, Material Stainless.

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [] Bailer [] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 225, 6, 105, 24 hr.

Temperature of Water 194 Depth Artesian Flow found
Was a water analysis done? [] Yes 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 39S N or S. Range 20E E or W. of WM.
Section 4(B) SE 1/4 NW 1/4
Tax lot 900 Lot Block Subdivision
Street Address of Well (or nearest address) Old Mill Rd., Lakeview, OR

(10) STATIC WATER LEVEL:
0 ft. below land surface. Date 12/2/04
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Rows show zones from 6-117 and 188-203 feet.

(12) WELL LOG: Ground elevation 5180

WELL LOG content: This well is for injection from production well approximately 3/4 mile away. Lost circulation occurred in the bottom from 193' to 204'. Drilled that portion with odex system and 8" casing. Set 6" screen and pulled back 8" to expose 6" screen. Injected well with water from Production well at a rate of 175 gpm with .5' rise in water level of injection well. SEE ATTACHED LITHOLOGY. RECEIVED stamp dated JAN 10 2005. WATER RESOURCES DEPT WESLEYAN WATER DEVELOPMENT P.O. Box 1670 REDMOND, OR 97756

Date started 9/20/2004 Completed 12/10/2004

(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 my best knowledge and belief.
Signed _____ WWC Number _____ Date _____

(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 Robert Buckner WWC Number 1385 Date 12/31/2004

Lakeview Geothermal Injection Well Geologic Log		
Depth Interval (feet bls)		Description of Geology
From	To	
0	20	No sample
20	48	Medium to coarse sand with some fine sand. Subangular, greenish-grey color.
48	52	Clayey, sandy gravel.
52	55	Gravel zone with 2 degree temperature increase.
55	70	Very coarse sand with fine sand and clay. Some gravel at bottom of interval.
70	90	Clayey sand with some gravel.
90	95	Gravel with fine to coarse sand and clay.
95	98	Gravel bed.
98	108	Gravel with sand and clay.
108	112	Gravel bed.
112	117	Clayey gravel with sand.
117	140	Clayey gravel and gravelly clay. Decreasing gravel size and increasing clay content towards bottom of interval.
140	164	Gravelly clay with some sand. Greenish color. Angular to subangular gravel.
164	166	Gravel zone.
166	188	Gravelly clay with sand as above
188	192	Total loss of circulation. Either cobbles or fractured bedrock.
192	203	Volcanic bedrock. Interbedded, consolidated ash tuff and clay-altered ash tuff. Bluish grey color. Limited return of cuttings to 198, with increasing return to 203.
203		End of hole.

WESTERN WATER DEVELOPMENT
P.O. Box 1670
REDMOND, OR 97756

