

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)

CROO 54347

WELL I.D. LABEL# L 80758  
START CARD # 1030165  
ORIGINAL LOG #

4/4/2016

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_  
First Name CAL Last Name CANNON  
Company SHOTGUN RANCH  
Address 2730 NW NIGHTFALL CIR  
City BEND State OR Zip 97701

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld  
Material From To Amt sacks/lbs  
Seal: \_\_\_\_\_

(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 293.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
8	0	293					
						Calculated	
						Calculated	

How was seal placed: Method  A  B  C  D  E

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	Thrld
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input type="checkbox"/> 0 293 .188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) 293

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method Factory Cut

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/ Screen	Casing/ Liner	Dia	From To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		7	193 293	.125	3	352	

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
400		285	1.5

Temperature 63 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below) TDS amount 254 ppm

From To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CROOK Twp 17.00 S N/S Range 19.00 E E/W WM  
Sec 1 NW 1/4 of the NW 1/4 Tax Lot 103  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

21202 SW PINE CREEK RD POST OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration	4/1/2016		101
Completed Well	4/1/2016		104

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found 101.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
4/1/2016	104	293	400		104

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
did not disturbed cleaned out blockage	0	293

Date Started 4/1/2016 Completed 4/1/2016

(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 1255 Date 4/4/2016

Signed WILLIAM DOUG AIKEN (E-filed)

Contact Info (optional) Doug Aiken 1255