

STATE OF OREGON
WATER SUPPLY WELL REPORT

CROO 55803

WELL I.D. LABEL# L

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(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

7/24/2026

START CARD #
ORIGINAL LOG #

160439
1082625

(1) LAND OWNER

Owner Well I.D.

First Name LESLEY & DENNIS Last Name KEATON
Company _____
Address 810 N MAIN ST STE 200-103
City SPEARFISH State SD Zip 57783

(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	Thrd
					☐	☐	☐	☐

Material From To Amt sacks/lbs
Seal:

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(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ 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 625.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt		lbs
12	0	18.5	Bentonite	0	18.5	12	S	
8	18.5	625			Calculated	10.49		
					Calculated			

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: BENTONITE DRY

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 7/21/2026 Begin Time 13 40

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	8	☒	1.5	18.5	0.250	ST	☒			
L	6		5	625	0.188	ST	☒			

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Factory cut

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		6	585	625	.125	2.5	608	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	50		620	1

Temperature 62 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 125 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County CROOK Twp 16.00 S N/S Range 16.00 E E/W WM

Sec 28 NE 1/4 of the NE 1/4 Tax Lot 1800

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.15659000 DMS or DD

Long _____ ° _____ ' _____ " or -120.81211000 DMS or DD

☒ Street address of well ☐ Nearest address

16123 SE YUOK RD PRINEVILLE OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/22/2026			503
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 503.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/22/2026	503	625	50			503

(11) WELL LOG

Ground Elevation 3638.91 FT

Material	From	To
Top soil & cobbles	0	6
Lava - fractured	6	13
Hard gray lava	13	22
Brown lava	22	51
Diced pinhole lava - PR	51	77
Brown lava w/ fractured seems	77	162
Gray lava	162	217
Fractured NR	217	228
Med brown congl	228	253
Lava - fractured	253	283
Brown lava congl	283	355
Med brown congl	355	371
Brown claystone w/ lava seems	371	469
Gray lava - fractured	469	517
Maroon congl	517	525
Brown sandstone congl	525	581
Brown sandstone congl w/ pinhole lava	581	625

Construction

Begin Date 7/21/2026 Begin Time 09 32 End Date 7/22/2026

(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 2069 Date 7/23/2026

Signed MEGAN NOBLITT (E-filed)

(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 1970 Date 7/24/2026

Signed NEIL FAGEN (E-filed)

Drilling Company: 541-548-1245

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

