

STATE OF OREGON  
WATER SUPPLY WELL REPORT

CROO 55808

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

Page 1 of 2

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

8/19/2026

162251

1082624

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company IZ RANCH LLC

Address 14414 BURNS-IZEE RD

City CANYON CITY State OR Zip 97820

(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: \_\_\_\_\_

(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 205.00 ft.

| BORE HOLE |      |     |           | SEAL |            |       |           |
|-----------|------|-----|-----------|------|------------|-------|-----------|
| Dia       | From | To  | Material  | From | To         | Amt   | sacks/lbs |
| 12        | 0    | 58  | Bentonite | 0    | 58         | 32    | S         |
| 8         | 58   | 205 |           |      | Calculated | 32.89 |           |
|           |      |     |           |      | 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 7/31/2026 Begin Time 14 15

(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   | <input checked="" type="checkbox"/> | 2    | 59  | 0.250 | ST        | <input checked="" type="checkbox"/> |      |      |          |
| L   | 6   |                                     | 5    | 205 | 0.188 | ST        | <input checked="" type="checkbox"/> |      |      |          |
|     |     |                                     |      |     |       |           |                                     |      |      |          |
|     |     |                                     |      |     |       |           |                                     |      |      |          |
|     |     |                                     |      |     |       |           |                                     |      |      |          |

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

(7) PERFORATIONS/SCREENS

Perforations Method Factory cut

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

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To  | Scrm/slot width | Slot length | # of slots | Tele/ Pipe size |
|--------------|---------------|------------|------|-----|-----------------|-------------|------------|-----------------|
|              |               | 6          | 165  | 205 | .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          | 15              |          | 200                    | 1             |
|              |                 |          |                        |               |
|              |                 |          |                        |               |

Temperature 57 °F Lab analysis ☐ Yes By \_\_\_\_\_

Water quality concerns? ☐ Yes (describe below) TDS amount 223 ppm

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
|      |    |             |        |       |
|      |    |             |        |       |

(9) LOCATION OF WELL (legal description)

County CROOK Twp 17.00 S N/S Range 25.00 E E/W WM

Sec 12 NW 1/4 of the NE 1/4 Tax Lot 300

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or 44.11554000 DMS or DD

Long \_\_\_\_\_ " or -119.66376000 DMS or DD

☒ Street address of well ☐ Nearest address

21602 SE BERNARD RD PAULINA OR 97751

(10) STATIC WATER LEVEL

|                                | Date     | SWL (psi) | +                                   | SWL (ft) |
|--------------------------------|----------|-----------|-------------------------------------|----------|
| Existing Well / Pre-Alteration |          |           |                                     |          |
| Completed Well                 | 8/3/2026 | 1         | <input checked="" type="checkbox"/> | 1        |

Flowing Artesian? ☒ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 123.00

SWL Date From To Est Flow SWL (psi) + SWL (ft)

|          |     |     |    |   |                                     |   |
|----------|-----|-----|----|---|-------------------------------------|---|
| 8/3/2026 | 123 | 205 | 15 | 1 | <input checked="" type="checkbox"/> | 1 |
|          |     |     |    |   |                                     |   |
|          |     |     |    |   |                                     |   |
|          |     |     |    |   |                                     |   |
|          |     |     |    |   |                                     |   |

(11) WELL LOG

Ground Elevation 4567.27 FT

| Material                | From | To  |
|-------------------------|------|-----|
| Brown loam              | 0    | 1   |
| Brown clay & cobbles    | 1    | 6   |
| Brown clay - hard       | 6    | 11  |
| Gray clay & gravels     | 11   | 32  |
| Blue claystone - medium | 32   | 43  |
| Blue claystone - hard   | 43   | 52  |
| Gray claystone          | 52   | 79  |
| Black claystone         | 79   | 111 |
| Blue claystone          | 111  | 118 |
| Gray claystone          | 118  | 123 |
| Black rock - fractured  | 123  | 205 |
|                         |      |     |
|                         |      |     |
|                         |      |     |
|                         |      |     |
|                         |      |     |
|                         |      |     |
|                         |      |     |
|                         |      |     |
|                         |      |     |

Construction

Begin Date 7/31/2026 Begin Time 10 03 End Date 8/3/2026

(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 8/5/2026

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 8/19/2026

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.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

**CROO 55808**

**8/19/2026**

## Map of Hole

