

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

DESC
1103

NOV 19 1991

185/11E-222a
 (START CARD) # 20391

(1) OWNER: Well Number 1103
 Name SMGA Partnership Inc.
 Address 4500 SW Kruse Way Suite #230
 City Lake Oswego, State Or Zip 97035

(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:
 Special Construction approval Yes No Depth of Completed Well 400 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	407	Cement	0	407	411

How was seal placed: Method A B C D E
 Other Pumped w/Trimmie
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 12"	+2	305	.312	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Johnson Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
299	399	.100	100	10	5/8	<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
800+	0		24 hr.

Temperature of Water 50 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 Desch Latitude _____ Longitude _____
 Township 18S N or S. Range 11E E or W. WM. _____
 Section 22 NE 1/4 SE 1/4
 Tax Lot 2000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 18707 Century Dr
Bend, Or

(10) STATIC WATER LEVEL:
295 ft. below land surface. Date 5/23/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 295

From	To	Estimated Flow Rate	SWL
295	407		295

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Top Soil/Clay	0	8	
Consolidated Ash Conglomerate	8	62	
Hard Gray Basalt	62	78	
White Pumice	78	94	
Mild Gray Basalt	94	230	
Orange Conglomerate	230	251	
Hard Gray Basalt	251	276	
Broken Brown Basalt	276	286	
Hard Gray Basalt	286	295	
Orange Conglomerate	295	305	
Hard Gray Basalt	305	320	
Red & Black Cinders W/B	320	407	

Date started 5/26/90 Completed 5/23/91

(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 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Robert Buckner WWC Number 1385
 Date _____