

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

DESC
 1457

21s/8e/33ac

(START CARD) # 33162 / 17335

(1) OWNER: Well Number 578-21-92
 Name Sisson Enterprises Inc. Bill & LuAnn Sisson County Deschutes Latitude _____ Longitude _____
 Address P. O. Box 3550 DBA: Twin Lakes Resort
 City Sun River State Or. Zip 97707

(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 Resort

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 185 ft.
 Explosives used Yes No Type _____ Amount _____

| Diameter | HOLE | | Material | SEAL | | Amount sacks or pounds |
|----------|------|-----|-------------|------|----|------------------------|
| | From | To | | From | To | |
| 6" | 150 | 220 | Undisturbed | | | |

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 0 ft. to -185 ft. Size of gravel 1/4" x 3/8" Pea

(6) CASING/LINER:

| Diameter | From | To | Gauge | Material | | | |
|----------|-------|----|-----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | Steel | Plastic | Welded | Threaded |
| Casing: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | 5" OD | +1 | -185, 188 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Machine
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| 158 | 178 | 1/8x3 | 195 | | | <input 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 |
|---------|---------------|----------|---------------|-------|
| Air- | 50 | 10' | 185 | 3 hr. |
| Pump- | 33 | 5' | 147 | 36 hr |
| Bailer- | 10 | 0' | 185 | 4 hr |

Temperature of Water 49° 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: above 150'

(9) LOCATION OF WELL by legal description:
 Township 21S or S. Range 8 E 33W WM.
 Section 33 SW 1/4 NE 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 11200 SW Century Dr.
(Twin Lakes Resort)

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

(11) WATER BEARING ZONES:
 Depth at which water was first found 21

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 150 | 170 | 50 | 55 |

(12) WELL LOG:
 Ground elevation _____

| Material | From | To | SWL |
|--|------|-----|-----|
| cement | 47 | 147 | |
| Gray Clay & Pumice with fine silt & sand | 150 | 220 | 55 |
| RECEIVED | | | |
| SEP - 3 1992 | | | |
| WATER RESOURCES DEPT. SALEM, OREGON | | | |

Date started 7-24-92 Completed 8-20-92

(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 David F. Kuhn WWC Number 1568
 Date 8-24-92

(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 [Signature] WWC Number 685
 Date 8-24-92