

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

DES 1653

RECEIVED
 MAR 18 1993

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 APR 6 1993
 (START CARD) 41581
 11E/25 ba

(1) OWNER: Well Number: 4272
 Name Brooks Resources Corporation
 Address P.O. Box 6119
 City Bend State OR Zip 97708

(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 700 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
24	0	100	Cement	0	100	8 yds cement grout
20	100	700	-	-	-	-
20	100	700	Cement	508	528	16 SACKS

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	20	+1	100	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12	+2	700	.375	<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 cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
540	700	1/2x2	7488		12	<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
950	3		1 hr.
			8 hrs

Temperature of water 56 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 Deschutes Latitude _____ Longitude _____
 Township 17 S Nor S. Range 11 E E or W, WM. _____
 Section NE 25 NE NW 1/4 NW 1/4
 Tax Lot 17 Lot 11 Block 25 Subdivision 100
 Street Address of Well (or nearest address) N/A Undeveloped

(10) STATIC WATER LEVEL:
510 ft. below land surface. Date 12-15-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 528

From	To	Estimated Flow Rate	SWL
528	700	50 boiler	510
"	"	950 - PUMP	510

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil broken rock	0	8	
Lava rock bed	8	48	
Clay red	48	53	
Weathered rock green red layers	53	85	
Lava rock red	85	112	
Basalt gray	112	185	
Basalt broken gray	185	200	
Basalt gray	200	215	
Lava brown	215	310	
Cinders red	310	330	
Lava rock red	330	370	
Cinders red	370	405	
Lava rock red black layers	405	448	
Basalt gray	448	455	
Lava rock cinders layers	455	480	
Lava rock black	480	528	
Basalt broken layers	528	540	510
Lava rock red pourous layers	540	610	
Lava rock with cinder layers	610	650	
Lava rock broken	650	700	
Packer set at 528 cemented from 528-508'			

Date started 8-31-92 Completed 2-3-93

(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 TL R Pen WWC Number 758
 Date 3-9-93

(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 223
 Date 3-9-93