RECEIVED NOV 18 ~~STATE ENG SALEM OREGON~~

RECEIVED JUN 20 1967 STATE ENGINEER G37566

#1

14/12-18dca State Well No. _____

G-4843 State Permit No. _____

NOTICE TO WATER WELL CONTRACTOR
The original and first copy
of this report are to be filed with the
STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT
STATE OF OREGON
(Please type or print)

(1) OWNER: BOB RIEMENSCHNEIDER

Name DOUBLE R C RANCH

Address RT. 1 BOX 238
TERREBONNE ORE.

(2) LOCATION OF WELL:

County DESC.   Driller's well number

¼	¼ Section	T.	R.	W.M.

Bearing and distance from section or subdivision corner

SEC - 18 - T 14 S - RANGE 12 E.

(3) TYPE OF WORK (check):

New Well ☒   Deepening ☐   Reconditioning ☐   Abandon ☐

If abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):   **(5) TYPE OF WELL:**

Domestic ☐ Industrial ☐ Municipal ☐   Rotary ☐   Driven ☐
Irrigation ☒ Test Well ☒ Other ☐   Cable ☒   Jetted ☐
                                             Dug ☐   Bored ☐

(6) CASING INSTALLED: Threaded ☐ Welded ☒

12 " Diam. from 0 ft. to 232 ft. Gage 250
24 " Diam. from 8 ft. to 16 ft. Gage 312
____ " Diam. from ____ ft. to ____ ft. Gage ____

(7) PERFORATIONS: Perforated? ☒ Yes ☐ No

Type of perforator used CUTTING TORCH
Size of perforations 3/16 in. by 3 in.
150 perforations from 170 ft. to 232 ft.
____ perforations from ____ ft. to ____ ft.
____ perforations from ____ ft. to ____ ft.
____ perforations from ____ ft. to ____ ft.
____ perforations from ____ ft. to ____ ft.

(8) SCREENS: Well screen installed? ☐ Yes ☒ No

Manufacturer's Name _____
Type _____ Model No. _____
Diam. ____ Slot size ____ Set from ____ ft. to ____ ft.
Diam. ____ Slot size ____ Set from ____ ft. to ____ ft.

(9) CONSTRUCTION: ~~NOT YET GROUTED~~

Well seal—Material used in seal ~~_____~~
Depth of seal _____ ft. Was a packer used? _____
Diameter of well bore to bottom of seal 24 in.
Were any loose strata cemented off? ☐ Yes ☒ No Depth _____
Was a drive shoe used? ☒ Yes ☐ No
Was well gravel packed? ☒ Yes ☐ No Size of gravel 1/4 in. To 3/4
Gravel placed from 160 ft. to 232 ft.
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? _____ depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:

Static level 170 ft. below land surface Date 11-12-66
Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? ☒ Yes ☒ No If yes, by whom? EASTERN ORE. MILLS
Yield: 2000 gal./min. with NO ft. drawdown after 20 hrs.
"   "   "   "
"   "   "   "
Bailer test 100 gal./min. with NO ft. drawdown after 3 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 56 Was a chemical analysis made? ☐ Yes ☒ No

(12) WELL LOG: Diameter of well below casing CASED TO BOTTOM

Depth drilled 232 ft. Depth of completed well 232 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
OVER BURDEN	0	5
SAND STONE	5	45
RED CINDERS	45	70
BOULDER CONG.	70	120
SANDSTONE	120	171
WATER BEARING BLACK SAND MIXED WITH LARGE RIVER AGGREGATE	171	232

Work started 10-25 1966 Completed 11-12 1966
Date well drilling machine moved off of well 11-14 1966

(13) PUMP:

Manufacturer's Name NONE
Type: _____ H.P. _____

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME JACKSON DRILLING SERVICE
     (Person, firm or corporation)   (Type or print)

Address REDMOND ORE.

Drilling Machine Operator's License No. 350

[Signed] Thomas D. Jackson
                    (Water Well Contractor)

Contractor's License No. 442 Date 11-12, 1966

(USE ADDITIONAL SHEETS IF NECESSARY)

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

POA 1, WELL #1   RECEIVED

Do not complete if the well already has a Well Identification Number.

DEC 11 2017

WATER RESOURCES DEPT
SALEM, OREGON

I. OWNER INFORMATION

Current Owner Name *(please print)*: BIG FALLS RANCH CO. (REX BARBER)

Mailing Address: P.O. Box 434

City, State, Zip: TERREBONNE, OR 97760

~~Mail Well ID Tag to:~~ ☐ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

II. WELL LOCATION INFORMATION *(Please fill out as completely as possible)*

Township: 14 (North / South) Range: 12 (East / West) Section: 18 SW 1/4 of the SE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 1406   County DESCHUTES

GPS Coordinates: 44.35252 , -121.33788

Street Address of Well, City: 70505 LOWER BRIDGE WAY, TERREBONNE, OR

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION *(Please fill out as completely as possible, AND attach copy of Well Log, if available)*

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION

Date Well Constructed (or property built): 11/14/1966   Total Well Depth: 232'   Casing Diameter: 12"

Owner at time the well was constructed (if known): BOB REIMENSCHNEIDER Well Log # (if known): _____

Other Information: POA #1, WELL #1

SUBMITTED BY *(please print)*: WILLIAM D. Nedham — Well Inspector — SCR

PHONE: 541/639-4109   EMAIL &/or FAX: _____

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:		
Received Date:	Well Log Number:	Well Identification #:
12-11-17	DESC 2100	#L122705