

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 94394

START CARD # 1004249

(1) LAND OWNER Owner Well I.D. PadS-16

First Name _____ Last Name _____
 Company NEWBERRY GEOTHERMAL HOLDINGS, LLC.
 Address 300 ATLANTIC STREET, SUITE 301
 City STAMFORD State CT Zip 06901

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 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 823 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
18	0	25	Cement	0	25	30	S
12.45	25	890					

How was seal placed: Method A B C D E

Other

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	1	25	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	12	823	.312	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Torch

Screens Type _____ Material _____

Perf/S Casing/ Screen

Perf	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
		742	823		.5	12	810	

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
350	2	845	24

Temperature 51 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTE Twp 21 S N/S Range 12 E E/W WM

Sec 16 NE 1/4 of the NE 1/4 Tax Lot N/A

Tax Map Number _____ Lot _____

Lat 43 ° 45 ' 0.090 " or 43.750025 DMS or DD

Long -121 ° 19 ' 601 " or -121.48361111 DMS or DD

Street address of well Nearest address

NEWBERRY GEOTHERMAL PROJECT, WELL PAD S-16

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Prodeepening _____

Completed Well 08-03-2008 672

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
07-24-2008	704	890	500		672

(11) WELL LOG Ground Elevation 6,190

Material	From	To
Fill	0	3
Blue Gray Basalt	3	18
Gray Basalt	18	82
Red Cinders	82	95
Gray Broken Basalt (Lost Circ.)	95	152
Cemented back to bottom of seal casing	25	152
Red Cinders	152	186
Gray Basalt	186	204
Gray Basalt Very Hard	204	223
Red Cinders	223	231
Brown Sandstone Conglomerate	231	268
Red Cinders	268	408
Gray Basalt Hard	408	518
Red Cinders	518	552
Brown Sandstone	552	569
Gray Basalt	569	634
Red Cinder	634	688
Gray Basalt	688	704
Red Cinder WB	704	715

Date Started 07-22-2008 Completed 08-03-2008

(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 _____ Date _____

Password: (if filing electronically) _____

Signed _____

(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 1385 Date 12-28-2008

Password: (if filing electronically) _____

Signed Robert Buchner

Contact Info (optional) _____

RECEIVED

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.89

JAN 07 2009

WATER RESOURCES DEPT
 SALEM, OREGON

