



STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 337.765)

WELL ID. # L None
START CARD # 1009412

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Ed Stauber Sons Petroleum Well Number _____
Name Ed Stauber Sons Petroleum
Address 50882 S. Hwy 97
City La Pine State OR Zip 97739

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 315 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		
Diameter	From	To	Material	From	To
	6"	0	Neat Cement	0	315'
					4.5 yards

How was seal placed: Method A B C D E
 Other Pumped under pressure from

Backfill placed from _____ ft. to _____ ft. Material Bottom up.
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	-3	315'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
18'	315'	.250	1188			<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
_____ I hr.

Temperature of water _____ 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 22 N or S Range 10 E or W. WM.
Section 22 SE 1/4 SW 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 50882 S. Hwy 97

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 2-12-10
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Abandonment:			
Casing was perforated			
From 315' to 18'			
Straight Neat Cement			
was pumped under			
pressure from the bottom			
up.			
RECEIVED			
JUL 30 2010			
WATER RESOURCES DEPT			
SALEM, OREGON			

Date started 2-11-10 Completed 2-12-10

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Sam Olson WWC Number 1014 Date 7-10-10