

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 115054
 START CARD # 1023116
 ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. _____
 First Name MIKE Last Name Murphy
 Company Rim Rock Estates West Improvement
 Address PO Box 1184 R
 City Redmond State OR Zip 97756

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
 Seal Material _____
 Casing Type: Steel Plastic Other _____
 Casing Gauge _____ Casing Diameter _____

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
 Depth of Completed Well 281 ft. Special Standard: Yes (attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
12"	0	31 1/2	Bentonite	0	31.5	74	50165
8"	31 1/2	281				24	

How was seal placed: Method A B C D E
 Other _____ *Not used*
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
 Calculated Amount Proposed to be Used: _____ sacks/lbs
 Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
/		8"	+	1.5	30	.250	X		X	
	/	6"	-	5	281	.188	X		X	

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	5/2 # of slots	Tele/pipe size
/			/		241	281	1/8"	3	312	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 507 Drawdown _____ Drill stem/Pump depth 276 Duration (hr) 1 Hr
 Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Deschutes Twp 14 N or S Range 13 E or W W.M.
 Sec 32 NE 1/4 of the SE 1/4 Tax Lot 901
 Tax Map Number 141332D0000 Lot 901
 Lat 44.31008200 or 44.31008200 DMS or DD
 Long -121.19369900 or -121.19369900 DMS or DD
 Street Address of Well (or nearest address) Rim Rock Estates
3677 NW 21 St Redmond, OR 97756

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>5-16-14</u>			<u>206</u>

Flowing Artesian? Yes Dry Hole? Yes
 WATER BEARING ZONES Depth water was first found 220

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
Sand Top Soil	0	1
Lava Rock	1	14
Broken Lava	14	15
Lava Rock	15	38
Brown Sand Stone (clow)	38	126
Lava Rock	126	194
Brown Lava Rock	194	220
W/R Fractured Lava	220	263
W/R Group Best Cores	263	

RECEIVED BY OWRD RECEIVED BY OWRD
 JUL 09 2014 JUN 09 2014
 SALEM, OR SALEM, OR
 Date Started 5-16-14 Completed 5-16-14

(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.
 Helpers Neil Fagen Date 5/16/14
 License Number _____
 Signed Clinton C. Cotwell Clinton C. Cotwell

(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 1255 Date 5-22-14
 Signed Doug Alden
 Contact Info. (optional) _____