

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

10/31/2023

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____
Company DESERT SPRINGS RANCH LIMITED PARTNERSHIP
Address 5051 SW BARNES RD
City PORTLAND State OR Zip 97221

(2) TYPE OF WORK

New Well Deepening Conversion

Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing:	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
	10		1	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seal:									
			Material	From	To	Amt	sacks/lbs		

(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 400.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt
10	0	400				
						Calculated
						Calculated

Seal placement method A B C D E Other: _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Type _____ Amount _____
Seal Placement Begin Date _____ Begin Time _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8		0	400	.188	<input checked="" type="checkbox"/>	<input 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 factory cut

Screens Type _____ Material _____

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Perf	Liner					width	length	slots	pipe size
			8	360	400	.125	3	1218	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		395	1

Temperature 46 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 53 ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 15.00 S N/S Range 11.00 E E/W WM
Sec 19 SW 1/4 of the SW 1/4 Tax Lot 4001
Tax Map Number _____ Lot _____
Lat _____ " or 44.25127900 DMS or DD
Long _____ " or -121.47108600 DMS or DD
 Street address of well Nearest address

NO SITUS ADDRESS

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	10/27/2023			196
Completed Well	10/27/2023			196

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 196.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10/27/2023	196	400	100			196

(11) WELL LOG

Ground Elevation _____

Material	From	To
Well cleanout DESC 3273	0	250
Brown sandstone w / diced gravels	250	400

Construction

Begin Date 10/27/2023 Begin Time 10 36 End Date 10/27/2023

(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 2025 Date 10/31/2023

Signed SHAUN ALEXANDER (E-filed)

(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 1970 Date 10/31/2023

Signed NEIL FAGEN (E-filed)


Contact Info (optional) 541-548-1425

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

DESC 64525

10/31/2023

Map of Hole

STATE OF OREGON WELL LOCATION MAP	Oregon Water Resources Department 725 Summer St NE, Salem OR 97301 (503)986-0900	
This map is supplemental to the WATER SUPPLY WELL REPORT		
LOCATION OF WELL	Well Label: 152966	
Latitude: 44.25127900 Datum: WGS84	Printed: October 31, 2023	
Longitude: -121.47108600	DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.	
Township/Range/Section/Quarter-Quarter Section: WM15.00S11.00E19SWSW	Provided by well constructor	
Address of Well:		
NO SITUS ADDRESS		

