WELL I.D. LABEL# L| 157517 STATE OF OREGON **DESC 65445** START CARD# WATER SUPPLY WELL REPORT 1079335 9/4/2025 ORIGINAL LOG# DESCHUTES 3414 (as required by ORS 537.545 & 537.765 and OAR 690-205-0210) (1) LAND OWNER Owner Well I.D First Name NONA Last Name GREEN (9) LOCATION OF WELL (legal description) Company County DESCHUTES Twp 15.00 S N/S Range 11.00 E E/W WM Address 5739 KANAN RD #169 Sec 33 NW 1/4 of the NE 1/4 Tax Lot 800 City AGOURA HILLS State CA Tax Map Number _ New Well | Deepening (2) TYPE OF WORK or 44.23124000 Alteration (complete 2a & 10) Abandonment(complete 5a) " or <u>-121.42070000</u> DMS or DD (2a) PRE-ALTERATION Street address of well Nearest address Stl Plstc Wld Thrd Gauge 8 🗙 18238 FRYREAR RANCH RD BEND, OR 97703 19 0.250 (•) () |X| Material From To Amt sacks/lbs (10) STATIC WATER LEVEL (3) DRILL METHOD SWL(psi) SWL(ft) X Rotary Air Rotary Mud Cable Auger Existing Well / Pre-Alteration | 8/28/2025 Reverse Rotary Other Completed Well 8/28/2025 Flowing Artesian? **X** Domestic Dry Hole? (4) PROPOSED USE Irrigation Industrial/ Commercial Livestock Dewatering WATER BEARING ZONES Depth water was first found 255.00 Thermal Injection Other SWL Date + SWL(ft) To Est Flow SWL(psi) From (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) 8/28/2025 Depth of Completed Well 351.00 ft. BORE HOLE **SEAL** sacks Dia From Material From To Amt lbs 12 0 19 Calculated 8 19 263 6 (11) WELL LOG Calculated Ground Elevation 3180.02 FT Seal placement method: A B C D E Other: NOT DISTURBED From To Material NOT DISTURBED 0 263 Backfill placed from _____ ft. to ____ ft. Material __ WB FRACTURED LAVA 300 _ ft. to _____ ft. Material Filter pack from WB FRACTURED LAVA W/ CINDER CONGLOM 351 Explosives used: Type Seal Placement Begin Date 8/28/2025 Begin Time 12 (5a) ABANDONMENT USING UNHYDRATED BENTONITE Actual Amount Proposed Amount (6) CASING/LINER Mat Shoe Type Wld Thrd Shoe Location From Gauge Temp casing Yes From+ (7) PERFORATIONS/SCREENS Perforations Method Construction End Date 8/28/2025 Begin Date 8/28/2025 Screens Type Material Begin Time 08 Perf/ Casing/ Screen Scrn/slot Slot # of Tele/ (unbonded) Water Well Constructor Certification Screen Liner From length slots Pipe size 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 1987 (8) WELL TESTS: Minimum testing time is 1 hour MATHEW ROGERS (E-filed)

Signed JACK ABBAS (E-filed)

Drilling Company: ABBAS WELL DRILLING

Drill Stem/

351

Drawdown Pump Depth

Yes (describe below) TDS amount 87

Yield

(gal/min) 30

°F Lab analysis LYes By

Type of Test

Air

Water quality concerns?
From To

Duration

(hr)

(bonded) Water Well Constructor Certification

License Number 1720

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.

Date 9/4/2025

ppm

DESC 65445

WELL I.D. LABEL# L

START CARD # 1

L	157517	
#	1079335	
#	DESCHUTES	3/1/

	9/4/2025 ORIGINAL LOG # DESCHUTES 3414
(2a) PRE-ALTERATION	Water Quality Concerns
Dia + From To Gauge Stl Plstc Wld Thrd	From To Description Amount Units
Material From To Amt sacks/lbs	
	(10) STATIC WATER LEVEL
5) BORE HOLE CONSTRUCTION	SWL Date From To Est Flow SWL(psi) + SWL(ft)
BORE HOLE SEAL Dia From To Material From To Ami	sacks/
Dia From 10 Material From To Amt	t lbs
Calculated	
Calculated	
Calculated	
Calculated	(11) WELL LOG
FILTER PACK	Material From To
From To Material Size	
C) CACINC/LINED	<u> </u>
6) CASING/LINER	
Mat.	Shoe
C/L Dia + From To Gauge Type Wld Thrd Shoe I	Location
7) PERFORATIONS/SCREENS	
	Tele/
8	Pipe size
The state of the s	
	Name of person(s) who assisted with construction and Trainee License # / Helper #
	Assistant Name Type #
(8) WELL TESTS: Minimum testing time is 1 hour	
Yield Drill Stem/ Duration	Comments/Remarks
Type of Test (gal/min) Drawdown Pump Depth (hr)	ID TAG# 139235 WAS NOT ON WELL HEAD UPON OUR ARRIVAL.
	REPLACED WITH L157517.

ADVISED CUSTOMER TO GET WITH THE OWRD REGARDING WATER RIGHTS ASSOCIATED WITH THIS WELL.

DESC 65445

9/4/2025

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301 (503)986-0900



Well Label: 157517

Printed: September 4, 2025

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.

Provided by well constructor

LOCATION OF WELL

Latitude: 44.23124000 Datum: WGS84

Longitude: -121.42070000

Township/Range/Section/Quarter-Quarter Section:

WM15.00S11.00E33NWNE

Address of Well:

18238 FRYREAR RANCH RD BEND, OR 97703



DESC 65445

9/4/2025

