

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

DESC 65822

WELL I.D. LABEL# L

160590

START CARD #

1083082

ORIGINAL LOG #

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

8/19/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name SCOTTLast Name WAHLBERG

Company _____

Address 63480 HUGHES RDCity BENDState ORZip 97701**(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
					☐	☐	☐	☐

Seal:

Material	From	To	Amt	sacks/lbs

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Reverse Rotary ☐ Other _____
(4) PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____
(5) BORE HOLE CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 710.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	18.5	Bentonite Chips	0	18.5	14	S
8	18.5	710			Calculated	11.94	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED DRY

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/4/2026 Begin Time 14 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
C	8	☒	1.5	18.5	0.250	ST	☒			
L	6		10	710	0.188	ST	☒			

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method FACTORY

Screens Type _____ Material _____

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/Pipe size
Perf	Liner	6	690	710	.125	3	228	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	15		710	1

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 92 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County DESCHUTES Twp 17.00 S N/S Range 12.00 E E/W WMSec 13 SW 1/4 of the NW 1/4 Tax Lot 800

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.10450000 DMS or DDLong _____ ° _____ ' _____ " or -121.23878000 DMS or DD☒ Street address of well ☐ Nearest address63480 HUGHES RD, BEND, OR 97701**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>8/11/2026</u>			<u>540</u>
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

Depth water was first found 635.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>8/11/2026</u>	<u>635</u>	<u>710</u>	<u>15</u>			<u>540</u>

(11) WELL LOGGround Elevation 3419.63 FT

Material	From	To
TOP SOIL	0	1
GRAY LAVA	1	20
BROKEN LAVA	20	28
BROWN LAVA	28	40
FRACTURED LAVA	40	160
BROKEN LAVA	160	230
GRAY LAVA	230	300
BROKEN NO RETURNS	300	390
MILD LAVA	390	570
CINDER CONGLOMERATE	570	635
WB FRACTURED LAVA CINDER GRAVELS	635	675
WB BROWN SANDSTONE CONGLOMERATE	675	710

Construction

Begin Date 8/4/2026 Begin Time 08 30 End Date 8/11/2026**(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 1987 Date 8/19/2026Signed MATHEW ROGERS (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 1720 Date 8/19/2026Signed JACK ABBAS (E-filed)Drilling Company: ABBAS WELL DRILLING

ORIGINAL - WATER RESOURCES DEPARTMENT

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

New exempt use wells must be submitted with a map and recording fee.

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

DESC 65822

8/19/2026

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



LOCATION OF WELL

Latitude: 44.10450000 Datum: WGS84

Longitude: -121.23878000

Township/Range/Section/Quarter-Quarter Section:
WM17.00S12.00E13SWNW

Address of Well:

63480 HUGHES RD, BEND, OR 97701

Well Label: 160590

Printed: August 19, 2026

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



8/19/2026

Map of Hole

