

SEP - 3 1993

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175/11E/34dc
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STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

WATER RESOURCES DEPT.
SALEM, OREGON Page 1 of 2

(START CARD) # 43191

(1) OWNER: Well Number _____
Name Broken Top Limited Partnership
Address 61999 Broken Top Drive
City Bend State OR Zip 97702

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 700 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
19	0	80	Neet cement	0	80	94 sacks
17	80	100	Neet cement	80		
15	100	700			510	9 yards

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel				Welded		Threaded	
				Steel	Plastic	Welded	Threaded	Welded	Threaded		
Casing: 12	+2	701	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Final location of sheets: 701

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
600	701	3/16x3/4	800			<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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 950 Drawdown 3 Drill stem at _____ Time 1 hr.

Temperature of water 56 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 Deschutes Latitude _____ Longitude _____
Township 17 S Nor S. Range 11 E E or W. WM
Section 34 SW 1/4 SE 1/4
Tax Lot 6202R2 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 18900 Skyliners Rd Bend, OR 97701

(10) STATIC WATER LEVEL:
482 ft. below land surface. Date 8/2/93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 130

From	To	Estimated Flow Rate	SWL
131	145	40 GPM	130
528	640	300+ GPM	482
655	660	300+ GPM	482
665	680	300+ GPM	482

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay brown	0	4	
Cinders brown red	4	36	
Lava rock	36	55	
Basalt gray hard andesite	55	100	
Basalt gray hard	100	131	
Basalt gray fractured with red lava	131	145	
Lava brown & red fractured	145	170	
Lava brown firm	170	195	
Pumice white & brown	195	216	
Lava pink medium	216	252	
Lava gray hard	252	268	
Lava gray fractured	268	275	
Tuftstone gray	275	352	
Lava brown medium	352	396	
Basalt gray hard	396	414	
Basalt fractured with some cinders	414	419	
Basalt gray hard	419	442	
Basalt fractured with red lava	442	495	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Basalt gray hard	495	527	

CONTINUED

Date started _____ Completed _____

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed JL R Pearson WWC Number 758
Date 8/27/93

(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 well construction standards. This report is true to the best of my knowledge and belief.
Signed John R. Stutz WWC Number 1483
Date 8/27/93

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WATER WELL REPORT WATER RESOURCES DEPT.
(as required by ORS 537.765) SALEM, OREGON

(START CARD) # 43191

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Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Type _____ Amount _____

HOLE SEAL Amount
Diameter From To Material From To sacks or pounds

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: _____
Liner: _____

Final location of shoe(s) _____

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

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

Temperature of water _____ Depth Artesian Flow Found _____
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(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____

(12) WELL LOG: Ground elevation _____

Date started 6/7/93 Completed 8/19/93
(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed *Th. A. Ben* WWC Number 758
Date 8/27/93

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Signed *John A. Ben* WWC Number 1483
Date 8/27/93