

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion.

APR 29 1963

WATER WELL REPORT

State Well No. 44/35-20J

State Permit No. _____

(1) OWNER:
Name Joe Erquiaga
Address Denio Nevada

(2) LOCATION OF WELL:
County Harney Driller's well number 18
Lot 4 1/4 Section 20 T. 41s R. 35E W.M.
Bearing and distance from section or subdivision corner
Appr 100 ft north of south line
about center of lot 4

(3) TYPE OF WORK (check):
Well Deepening Reconditioning Abandon
andonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):
Domestic Industrial Municipal
Irrigation Test Well Other

(6) CASING INSTALLED:
Threaded Welded
16" Diam. from 0 ft. to 296 ft. Gage 1/4 in.
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:
Perforated? Yes No
Type of perforator used Mill cut
Size of perforations 1/8 in. by 3 in.
4800 perforations from 90 ft. to 286 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(8) SCREENS:
Well screen installed Yes No
Manufacturer's Name _____
Model No. _____
L. n. Slot size Set from _____ ft. to _____ ft.
Diam. Slot size Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:
Well seal—Material used in seal none
Depth of seal _____ ft. Was a packer used? no
Diameter of well bore to bottom of seal _____ in.
Were any loose strata cemented off? Yes No Depth _____
Was a drive shoe used? Yes No
Was well gravel packed? Yes No Size of gravel: 1/4 to 3/4
Gravel placed from 6 ft. to 296 ft.
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:
Static level 30 ft. below land surface Date 4/23/63
Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with _____ ft. drawdown after _____ hrs.
" " " " " "
" " " " " "
" " " " " "
Bailer test no gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well below casing _____
Depth drilled ~~###~~ 296 ft. Depth of completed well 296 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
top soil	0	8
clay br	8	16
gravel med	16	22
clay and gravel	22	87
gravel course	87	96
clay add gravel	96	156
gravel fine sand	156	162
clay br	162	191
gravel course	191	208
clay br	208	237
gravel med	237	245
clay br	245	258
sand courses	258	264
clay br gravel	264	294
boulders	294	296

A 3/8 X30 in conductor casing installed from 0 to 21 ft stopped in clay and sealed with bentonite well will be tested with owners pump

Work started Apr 8 19 63 Completed Apr 22 19 63
Date well drilling machine moved off of well Apr 25 19 63

(13) PUMP:
Manufacturer's Name _____
Type: _____ H.P. _____

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME McGuire Drilling Co.
(Person, firm or corporation) (Type or print)
Address Box 909 Burns, Oregon
Drilling Machine Operator's License No. 81
[Signed] J. L. McGuire
(Water Well Contractor)
Contractor's License No. 383 Date April #24 19.63



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

RECEIVED

OCT 31 2022

Do not complete if the well already has a Well Identification Number.

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): Robert R. and Debra DePaoli
Mailing Address: 1415 Arobio Lane
City, State, Zip: Lovelock, NV 89419
Mail Well ID to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 41S (North / South) Range: 35E (East / West) Section: 20 NE 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): TL200 County Harney
GPS Coordinates: Lat: 41.99522900, Long: -118.62644300
Street Address of Well, City: Fields-Denio Highway, Fields Oregon
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): irrigation WR cert 46774
Date Well Constructed (or property built): 4/24/1963 Total Well Depth: 296' Casing Diameter: 16"
Owner at time the well was constructed (if known): Joe Erquiaga Well Report # (if known): HARN 1834
Other Information: Well Log: HARN 1834

SUBMITTED BY (please print): Robert DePaoli
PHONE: 775-530-3555 EMAIL &/or FAX:

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date: 10-31-2022
Well Report Number: HARN 1834
Well Identification #: L-149816