

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)
 Instructions for completing this report are on the last page of this form

HARN 50889

WELL ID # L57316

(START CARD) # 144279

(1) OWNER: Well Number: 1
 Name MD Butte Investments, LLC
 Address 1925 Cliff Drive
 City Bend State OR Zip 97701

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

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

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
			Cement	0	2.5	2 yds.

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:	16in	+1	3	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Method		Material	
From	To	Slot size	Number

(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 _____
 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 Harney Latitude _____ Longitude _____
 Township 23S N or S. Range 27E E or W. of WM.
 Section 31 NW 1/4 NW 1/4
 Tax lot 1200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Hwy. 20, miles west of Riley, OR

(10) STATIC WATER LEVEL:
91 ft. below land surface. Date 4/30/02
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Original construction left the well casing buried 30" below ground level. This was allowing a considerable amount of runoff water and turbine oil to enter the well bore. After consultation with State of Oregon Well Inspector Mr. Bob Maynard, agreement was reached that the well casing could be extended and the 4' diameter pit could be filled with concrete to enable a sanitary seal. So that is what we did. Extend the 16" casing to 1.5' above ground and fill the 4' square pit with concrete and install a 2" access port.			

RECEIVED
 JUL 11 2002
 WATER RESOURCES DEPT.
 SALEM, OREGON
 WESTERN WATER DEVELOPMENT
 P.O. Box 1670
 REDMOND, OR 97756

Date started 4/30/02 Completed 4/30/02

(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 water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ WWC Number _____
 Date _____

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed Robert Buckner WWC Number 1385
 Date 7/8/02