

STATE OF OREGON WATER SUPPLY WELL REPORT

HARN 51867

WELL I.D. LABEL# L 105484 START CARD # 1016859 ORIGINAL LOG #

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

8/12/2012

(1) LAND OWNER

Owner Well I.D. First Name ABRAHAM Last Name PUCKETT Company GOLDEN RULE FARMS Address PO BOX 255 City CHRISTMAS VALLEY State OR Zip 97641

(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 Cable Mud Reverse Rotary Other

(4) PROPOSED USE

Domestic Irrigation Community Industrial/ Commercial Livestock Dewatering Thermal Injection Other

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well 470.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Row 1: 20, 0, 70, Bentonite Chips, 0, 50, 90, S

How was seal placed: Method A B C D E

Other POURED DRY

Backfill placed from 50 ft. to 70 ft. Material BENTONITE CHIPS

Filter pack from ft. to ft. Material Size

Explosives used: Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 16, 1, 190, .250

Shoe Inside Outside Other Location of shoe(s)

Temp casing Yes Dia From To

(7) PERFORATIONS/SCREENS

Screens Type Material

Table with columns: Perf/ Screen, Casing/ Liner, Screen Dia, From, To, Sern/slot width, Slot length, # of slots, Tele/ pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with 4 columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 1200, 400

Temperature 51 °F Lab analysis Yes By

Water quality concerns? Yes (describe below) TDS amount

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 23.00 S N/S Range 26.00 E E/W WM Sec 12 SE 1/4 of the SE 1/4 Tax Lot 2100 Tax Map Number Lot Lat Long

Street address of well Nearest address

NO ADDRESS AVAIL MILLER CANYON RD

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: 7/19/2012, 140

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 150.00

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 7/19/2012, 140, 470, 1200, 140

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Rows: top soil with small gravel, course gravel, brown clay cong., broken rock, brown sand, broken grey lava

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FEB 08 2013

SALEM, OR

Date Started 6/15/2012 Complete 7/19/2012

(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.

License Number Date

Signed

(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.

License Number 1568 Date 8/12/2012

Signed DAVID KUHN (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

(1) LAND OWNER Owner Well I.D. _____
First Name ABRAHAM Last Name PUCKETT
Company GOLDEN RULE FARMS
Address PO BOX 255
City CHRISTMAS VALLEY State OR Zip 97641

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrld
Casing:
Material From To Amt sacks/lbs
Seal:

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 470.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs

Dia	From	To	Material	From	To	Amt	sacks/lbs
20	0	70	Bentonite Chips	0	70	90	S
16	70	300					
14	300	400					
8	400	470					

How was seal placed: Method A B C D E
 Other POURED DRY
Backfill placed from 0 ft. to 70 ft. Material BENTONITE CHIPS
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	1	190	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

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

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1200		400	

Temperature 51 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount _____
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 23.00 S N/S Range 26.00 E E/W WM
Sec 12 SE 1/4 of the SE 1/4 Tax Lot 2100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
NO ADDRESS AVAIL MILLER CANYON RD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)

Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration 7/19/2012		
Completed Well 7/19/2012		140

Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 150.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/19/2012	140	470	1200		140

(11) WELL LOG Ground Elevation _____

Material	From	To
top soil with small gravel	0	3
course gravel	3	21
brown clay cong.	21	90
broken rock	90	130
brown sand	130	210
broken grey lava	210	470

Date Started 6/15/2012 Complete 7/19/2012
(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 _____ Date _____
Signed _____

(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 1568 Date 8/12/2012
Signed DAVID KUHN (E-filed)
Contact Info (optional) _____



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

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DEC 01 2016

WATER RESOURCES DEPT
SALEM, OREGON

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

I. OWNER INFORMATION

Current Owner Name (please print):
Mailing Address: SINGHOSE LAND AND CATTLE COMPANY, LLC
City, State, Zip: PO BOX 55 RILEY, OR 97758-0055
Mail Well ID Tag to: [] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: JOHN SHORT / WATER RIGHT SERVICES, LLC PO BOX 1830
City, State, Zip: BEND, OR 97709

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

Township: 23S (North / South) Range: 26E (East / West) Section: 12 SE 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 2100 County HARNEY
GPS Coordinates: 43 35' 12.57" N 119 32' 29.85" W
Street Address of Well, City:
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 Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION
Date Well Constructed (or property built): 7-19-12 Total Well Depth: 470' Casing Diameter: 16"
Owner at time the well was constructed (if known): ABRAHAM PUCKETT Well Log # (if known): HARN 51867
Other Information: * NEED REPLACEMENT * TAG NUMBER L-105484 LOST!!

SUBMITTED BY (please print): CHRIS SMITH
PHONE: 541-815-7417 EMAIL &/or FAX: SMITTYCT@GMAIL.COM

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

12-1-16

Well Log Number:

HARN 51867 original
HARN 51992 conversion

Well Identification #:

L-125022