

(1) LAND OWNER Owner Well I.D. _____
 First Name JOHN Last Name ENSZ
 Company _____
 Address 10606 NORTH ROAD V
 City ULYSSES State KS Zip 67880

(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 Thrd
 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 310.00 ft.
BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
18	0	18	Bentonite Chips	0	18	20	S
14	18	310				Calculated	16.74
						Calculated	

How was seal placed: Method A B C D E
 Other POURED & TAMPED
 Backfill placed from _____ ft. to _____ ft. Material _____
 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	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/>	2	109	.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)
800		310	1

 Temperature 59 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 23.00 S N/S Range 32.50 E E/W WM
 Sec 13 SE 1/4 of the SE 1/4 Tax Lot 1000
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
NEWTON ROAD & HWY 20

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	5/31/2016			72

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 72.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5/31/2016	72	310	800			72

(11) WELL LOG Ground Elevation _____

Material	From	To
TOPSOIL - SILTY LOAM	0	2
CLAY - BROWN	2	30
CLAY - GRAY	30	60
CLAY - GRAY SANDY	60	90
CLAY - GRAY	90	120
CLAY - GRAY HARD	120	150
CLAY - BROWN HARD	150	180
PUMICE - GRAY	180	200
CLAY - BROWN HARD	200	240
SANDSTONE - BROWN	240	263
CLAY - TAN HARD	263	280
CLAY - BROWN HARD	280	308
CLAY - GRAY	308	310

Date Started 5/26/2016 Completed 5/31/2016

(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 1424 Date 6/2/2016
 Signed TIMOTHY K RILEY (E-filed)
 Contact Info (optional) TIM RILEY 541-573-5695