

(1) LAND OWNER Owner Well I.D. _____
First Name DAN Last Name KRYGER
Company CRYSTAL CRANE HOT SPRINGS
Address 59315 HWY 78
City CRANE State OR Zip 97732

(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 260.00 ft.

BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	
14	0	60	Bentonite Chips	0	2	2	S
10	60	240			Calculated	1.36	
8	240	260	Cement	2	60	28	S
					Calculated	23.12	

How was seal placed: Method A B C D E
 Other BENT CHIPS FROM SU
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
 10 1.5 68 .250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

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)
50 _____ 250 2

Temperature 140 °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 24.00 S N/S Range 33.00 E E/W WM
Sec 34 NE 1/4 of the SW 1/4 Tax Lot 8900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

SAME AS ABOVE

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 9/1/2016 _____ 32
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 36.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/18/2016	35	36	5		36
8/19/2016	48	55	10		32
8/30/2016	70	260	50		32

(11) WELL LOG Ground Elevation _____

Material	From	To
gravel	0	1
clay brown	1	9
clay blue	9	36
clay grey	36	41
clay with fine sand	41	48
gravel and sand	48	55
clay grey	55	70
cemented sand with some gravel	70	78
clay lt. blue hard fractured	78	98
clay red with cemented sand	98	112
clay blue with cemented sand	112	168
clay red fractured	168	187
sand cemented green	187	196
clay green fractured	196	225
clay grey with pumice, sticky	225	260

Date Started 8/17/2016 Completed 9/1/2016

(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 1899 Date 9/20/2016
Signed SAM P KINGREY (E-filed)
Contact Info (optional) _____