

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company COLEMAN CREEK RANCH LLC
Address PO BOX 744
City CRANE State OR Zip 97732

(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
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 722.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
20	0	49	Bentonite Chips	0	2	4	S
18	49	112	Calculated			3	
14	112	355	Cement	2	112	205	S
10	355	722	Calculated			74.76	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other BENT FROM SURFACE

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
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 112
Temp casing ☒ Yes Dia 20 From 0 To 30

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/	Casing/	Screen	Screen	Lin	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Lin	Dia	From	To	width	length	slots	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)
185	0	0	24
675	320	352	48

Temperature 92 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 383

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 25.00 S N/S Range 36.00 E E/W WM

Sec 16 SW 1/4 of the SW 1/4 Tax Lot 00800

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☒ Nearest address

NEAREST ADDRESS 55820 CRANE-VENATOR RD.

APPROX GPS 43.395104, -118.31

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/9/2016	27	☒	62.4
Flowing Artesian? ☒ Dry Hole? ☐				

WATER BEARING ZONES

Depth water was first found 10.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/3/2016	10	30	10			10
8/5/2016	83	103	50			11
8/18/2016	435	715	1000	27	☒	62.4

(11) WELL LOG

Ground Elevation _____

Material	From	To
sandy top soil brown	0	1
sandy clay brown	1	10
sand & gravel brown	10	30
basalt black hard	30	83
cinders black	83	99
fractured basalt black	99	103
basalt hard black	103	435
basalt hard fractured	435	715
basalt hard	715	722

Date Started 8/3/2016 Completed 9/10/2016

(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 10/10/2016

Signed SAM P KINGREY (E-filed)

Contact Info (optional) _____