

(1) LAND OWNER Owner Well I.D. _____
 First Name FRED Last Name OTLEY
 Company _____
 Address HC 72 BOX 30
 City DIAMOND State OR Zip 97722

(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:

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(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 OBSERVATION/TESTWELL

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 902.00 ft.
BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
16	0	45	Bentonite	0	45	37	S
12	45	805				Calculated	35.47
8	805	902				Calculated	

How was seal placed: Method A B C D E
 Other POURED & TAGGED
 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	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	2.5	113	.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) 113
 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)
300	171	200	4

 Temperature 60 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 167 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 29.00 S N/S Range 31.00 E E/W WM
 Sec 9 NW 1/4 of the SE 1/4 Tax Lot 0200
 Tax Map Number _____ Lot _____
 Lat _____ " or 43.06425800 DMS or DD
 Long _____ " or -118.88666600 DMS or DD
 Street address of well Nearest address
BUENA VISTA & HWY 205

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	12/10/2016			29

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 120.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
12/10/2016	120	902	300			29

(11) WELL LOG Ground Elevation _____

Material	From	To
brown sand	0	3
brown white dry clay	3	13
brown & grey clay	13	35
brown clay	35	65
green clay	65	120
olive green clay with cracks	120	180
brown clay with cracks	180	205
black & brown clay	205	235
green clay	235	277
green clay soft	277	280
green grey clay	280	327
green clay	327	411
green & grey clay	411	482
green clay	482	551
grey clay	551	640
green clay	640	721
grey clay	721	745
green clay	745	824
green & grey clay	824	902

Date Started 11/3/2016 Completed 12/10/2016

(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 1896 Date 12/29/2016
 Signed TONY HACKETT (E-filed)

(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 12/29/2016
 Signed SAM P KINGREY (E-filed)
 Contact Info (optional) _____