

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

HARN 53295

WELL I.D. LABEL# L

156870

START CARD #

1082827

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

8/7/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name MATHEWLast Name WITZEL

Company _____

Address 64323 HARNEY AVECity CRANEState ORZip 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
☐ 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 222.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	39	Bentonite Chips	0	39	19	S
8	39	170	Calculated			17.8	
6	170	222	Calculated				

Seal placement 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: ☐ Type _____ Amount _____Seal Placement Begin Date 7/15/2026 Begin Time 12 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____

Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	6	☒	2	170	0.250	ST	☒			
L	4.5		22	222	SDR 17	PL		☒		

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type SLOT Material PVC

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Liner	4.5	162	222	.02	3	9999	Telescope

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	30		222	2

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 123 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County HARNEY Twp 25.00 S N/S Range 34.00 E E/W WMSec 7 SE 1/4 of the NW 1/4 Tax Lot 1100

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 43.41601348 DMS or DD

Long _____ ° _____ ' _____ " or -118.58146957 DMS or DD

☒ Street address of well ☐ Nearest address64323 HARNEY AVE, PO BOX 732, CRANE, OR 97732**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/16/2026			50
Flowing Artesian?		☐	Dry Hole?	
		☐		

WATER BEARING ZONES

Depth water was first found 50.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/16/2026	50	222	30			50

(11) WELL LOGGround Elevation 4133.37 FT

Material	From	To
SANDY LOAM	0	3
SAND/GRAVEL	3	24
WHITE CLAY W/SAND	24	32
BROWN SAND/GRAVEL	32	53
BROWN CLAY W/SAND	53	98
BLUE CLAY W/SAND	98	130
BLUE CLAY	130	138
GRAVEL W/CLAY	138	141
BROWN SANDSTONE	141	147
TAN CLAY W/GRAVEL	147	164
TAN CLAY	164	176
WHITE CLAY/CLAYSTONE W/CINDER GRAVEL	176	222

Construction

Begin Date 7/14/2026 Begin Time 19 54 End Date 7/16/2026**(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 2128 Date 7/26/2026Signed CYRUS WEDEL (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 2094 Date 7/26/2026Signed JAY NELSON (E-filed)Drilling Company: SURETAP SPRINGS LLC

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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8/7/2026

Map of Hole

