

The original and first copy
of this report are to be
filed with the

within 30 days from the date
of well completion.

STATE OF OREGON

(Please type or print)

(Do not write above this line)

State Well No.

State Permit No.

STATE ENGINEER
OREGON

Address Burns, Oregon

If abandonment, describe material and procedure in Item 12.

Gravel placed from ft. to ft.

Contractor's License No. 426 Date 7-21- 1967

(USE ADDITIONAL SHEETS IF NECESSARY)