

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

NOV 14 2005 PAGE 1 of 2

WELL ID # L 80799

WATER RESOURCES DEPT

START CARD # 173291

Instructions for completing this report are on the back of this form.

(1) LAND OWNER Well Number
Name MOUNTAIN CABINS LLC
Address 696 SISKIYOU BLVD
City ASHLAND State OR Zip 97520

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other PUBLIC

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 381 ft.
Explosives used: Yes No Type _____ Amount _____

| BORE HOLE | | | SEAL | | | |
|-----------|--------|--------|-----------|------|--------|-----------------|
| Diameter | From | To | Material | From | To | Sacks or Pounds |
| 10" | 0 | 24 1/2 | BENTONITE | 38 | 43 1/2 | 2 3/4 SACKS |
| 8" | 24 1/2 | 43 1/2 | " | 0 | 24 1/2 | 26 SACKS |
| 6" | 43 1/2 | 381 | " | | | |

How was seal placed: Method A B C D E
 Other POURED DRY

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|------------|--------|--------|-------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Casing: 6" | +1 3/4 | 43 1/2 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: 4" | -5 1/2 | 381 | CL160 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Drive Shoe used Inside Outside None
Final location of shoe(s) 43 1/2 FT

(7) PERFORATIONS/SCREENS
 Perforations Method SAW
 Screens Type _____ Material _____

| From | To | Slot Size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 281 | 381 | 4-6" | 180 | 3/32" | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|------|
| 25 | | 381 | 1 HR |

Temperature of water 54° Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL (Legal description)
County JACKSON
Tax Lot 100 Lot _____
Township 49 S or S Range 3E E or W WM
Section 4 SE 1/4 NE 1/4

Lat _____ (degrees or decimal)
Long _____ (degrees or decimal)

Street Address of Well (or nearest address)
11375 Hwy 66

(10) STATIC WATER LEVEL
257 ft. below land surface. Date 11-9-05
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 337 | 341 | 5 | 257 |
| 341 | 361 | 20 | 257 |

(12) WELL LOG

| Material | From | To | SWL |
|------------------------------|------|-----|-----|
| SOIL BRN w/ COBBLES | 0 | 1 | |
| BOULDERS NESTED | 1 | 8 | |
| CLAY RED/BROWN | 8 | 17 | |
| CLAY BROWN | 17 | 20 | |
| ANDESITE DARK GREY | 20 | 27 | |
| CLAY BROWN | 27 | 38 | |
| ANDESITE DARK GREY | 38 | 58 | |
| VOLCANIC BROWN | 58 | 71 | |
| ANDESITE GREY w/ BENSIT | 71 | 124 | |
| VOLCANIC RED/BEN CLAY w/ SFT | 124 | 139 | |
| VOLCANIC ORANGE SOFT | 139 | 150 | |
| VOLCANIC GREY w/ YELLOW/ | 150 | | |
| BROWN CLAYS & SILT | | 179 | |
| TUFF LIGHT GREY | 179 | 267 | |
| TUFF MED. GREY w/ ROCK CLAS | 267 | 288 | |
| VOLCANIC GREY SOFT | 288 | 237 | |

Date Started 11-1-05 Completed 11-9-05

(unbonded) Water Well Construction 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.

WWC Number 796 Date 11-9-05

Signed Frederick

(bonded) Water Well Construction 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.

WWC Number 796 Date 11-9-05

Signed Frederick

RECEIVED JACK 57776

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

NOV 14 2006 2 of 2

WELL I.D. # L 80799

START CARD # 173291

WATER RESOURCES DEPT.
SALEM, OREGON

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
Name MOUNTAIN CABINS LLC
Address 696 SISKIYOU BLVD
City ASHLAND State OR Zip 97520

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other PUBLIC

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well _____ ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE SEAL
Diameter From To Material From To Sacks or Pounds

| Diameter | From | To | Material | From | To | Sacks or Pounds |
|----------|------|----|----------|------|----|-----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|----------|------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|
| Casing: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

| From | To | Slot Size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|------|
| | | | |
| | | | |

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County JACKSON
Tax Lot 100 Lot _____
Township 40 S N or S Range 3E E or W WM
Section 4 SE 1/4 NE 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) _____
11375 Hwy 66

(10) STATIC WATER LEVEL
_____ ft. below land surface. Date _____
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found _____

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| | | | |
| | | | |
| | | | |

(12) WELL LOG Ground Elevation _____

| Material | From | To | SWL |
|-----------------------|------|-----|-----|
| VOLCANIC CONGLOMERATE | 337 | | |
| DARK GREY | | 366 | 257 |
| VOLCANIC BROWN BEDDED | 366 | 371 | |
| VOLCANIC DARK GREY | 371 | 381 | |

RUNNING LEVEL TEST
301 FT 12 GPM

Date Started 11-1-05 Completed 11-9-05

(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.

WWC Number 796 Date 11-9-05

Signed Frederick

(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.

WWC Number 796 Date 11-9-05

Signed Frederick