

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company STALLION LAND COMPANY LLC
Address PO BOX 3667
City CENTRAL POINT State OR Zip 97502

(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:

(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 68.00 ft.
BORE HOLE
Dia From To Material SEAL Amt sacks/lbs
10 0 20 Bentonite Chips 0 20 14 S
6 20 68 Calculated 9
Calculated

How was seal placed: Method A B C D E
 Other DRY POURED
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
 6 2 58 .250
Shoe Inside Outside Other Location of shoe(s) 58
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner 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)
15 _____ 68 1
Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 580 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County JACKSON Twp 36.00 S N/S Range 2.00 W E/W WM
Sec 28 NW 1/4 of the NW 1/4 Tax Lot 2100
Tax Map Number _____ Lot _____
Lat _____ " or 42.41535000 DMS or DD
Long _____ " or -122.95333000 DMS or DD
 Street address of well Nearest address
0 BLACKWELL RD. CENTRAL POINT, OR 97502

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 6/5/2015 _____ 25
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 46.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
6/5/2015 46 60 15 _____ 25

(11) WELL LOG Ground Elevation _____
Material From To
SANDY CLAY GRAVEL 0 3
GRAVEL CLAY COURSE SAND 3 46
GRAVEL COURSE SAND 46 68

Date Started 6/5/2015 Completed 6/5/2015
(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 1686 Date 6/24/2015
Signed TADD K MOORE (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 1835 Date 7/8/2015
Signed KEVIN D GILL (E-filed)
Contact Info (optional) CLOUSER DRILLING INC