

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

JEFF 50662
 50662

WELL ID # L43040

(START CARD) # 131169

(1) OWNER: Well Number: 2
 Name Crooked River Ranch Water Company
 Address P.O. Box 1388
 City Crooked River Ranch State OR Zip 97760

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 461+ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
15.5	0	462	Not Disturbed			

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How was seal placed: Method A B C D E
 Other Not Disturbed AUG 28 2000
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Material _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	14in	+2.5	461	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
341	401	1/8	1680	14in	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
401	461	1/8	3360	14in	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
850	2	340	24 hr.

Temperature of Water 48 Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom Coffey Labs
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Jefferson Latitude _____ Longitude _____
 Township 13S N or S. Range 12E E or W. of W.M.
 Section 24B SW 1/4 NW 1/4
 Tax lot 2800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 13845 SW Commercial Loop, Crooked River Ranch, OR

(10) STATIC WATER LEVEL:
282 ft. below land surface. Date 6/28/2000
 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 2540

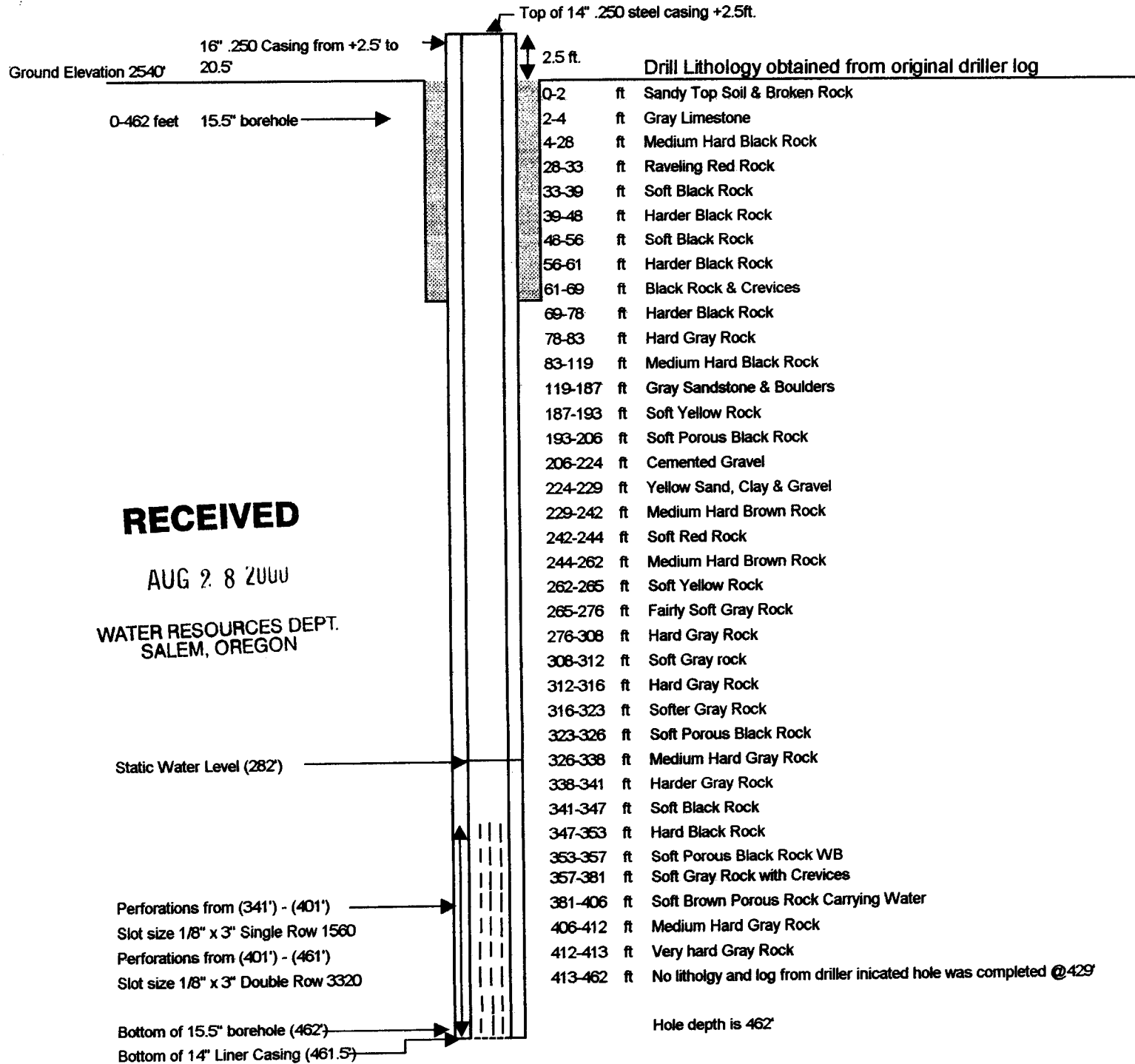
Material	From	To	SWL
Well was surveyed and found to have significant deflection zones beginning just below the existing surface seal. The records indicate that this well was originally drilled with a cable tool. While the hole was fairly straight it had alignment problems that would prevent the placement of liner casing in the borehole without removing the crooked zones. The drill string was tooled up with two 20ft. full bodied stabilizers and a 15.5" roller cone hole opener bit. Reaming and straightening was necessary from top to bottom. The most significant deviation was from 325 ft. to 380 ft. After making several passes with the drill string, casing placement occurred without event until the 400 ft. level where we had to push on it from time to time to advance the casing to the borehole bottom. We believe there is a significant water bearing zone in the well bottom as we had very little in the way of material from reaming operations in the hole. Our determination is that there is live moving water in the bottom to carry drill cuttings away.			

Date started 6/21/2000 Completed 6/29/2000

(unbonded) Water Well Constructor Certification:
 I certify that the work performed on the construction, 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 my best knowledge and belief.
WESTERN WATER DEVELOPMENT
 P.O. Box 1670 WWC Number _____
 Signed _____ Date _____
 Redmond, OR 97756

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.
 Signed Robert Buckner WWC Number 1385
 Date 7/21/2000

**Crooked River Ranch Water Company
WELL #2 CONSTRUCTION DIAGRAM**



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AUG 28 2000

WATER RESOURCES DEPT.
SALEM, OREGON