

Amendment

Klam 53270

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

WELL ID # L 49304 START CARD # 111265

(1) OWNER: Well Number: 3

Name: Running Y Ranch Address: 5115 Running Y Rd. City: Klamath Falls State: OR Zip: 97601

(2) TYPE OF WORK: (repair/ New Well Deepening Alteration/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 Explosives Used Yes No Type Amount

Table with columns: Diameter, From, To, Material, SEAL, From, To, sacks or pounds

How was seal placed: Method A B C D E Other Backfill placed from to Material from to Material Gravel placed from to Size of gravel

(6) CASING/LINER: CASING: Diameter From To Gauge Steel Plastic Welded Threaded

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

LINER: Diameter From To Gauge Steel Plastic Welded Threaded

Final location of Shoe(s):

(7) PERFORATIONS/SCREENS: Perforations Method: Screen Type: Material: Slot Size No. Diameter Tele/pipe size Casing Liner

Table with columns: From, To, Slot Size, No., Diameter, Tele/pipe size, Casing Liner

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

Table with columns: Yield gpm, Drawdown, Drill Stem at, Time

Temperature of water Depth Artesian Flow Found Was a water analysis done? By whom? Did any strata contain water not suitable for intended use? (explain) Depth of Strata:

(9) LOCATION OF WELL by legal description: County: Klamath Latitude: Longitude: Township: 38 S Range: 8 E Section: 15 NW 1/4 NW 1/4 Tax Lot: Lot: Block: Subdivision: Street Address of Well (or nearest address) Running Y Reservoir

(10) STATIC WATER LEVEL: Ft. below land surface Date Artesian pressure lb. per sq. in. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Est. Flow Rate, SWL

(12) WELL LOG: Ground Elevation: Material From To SWL

Table with columns: Material, From, To, SWL. Includes RECEIVED stamps and dates.

Date Started: 11-30-06 Completed: 2-20-07

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

Signed: WWC Number: Date: 2-20-07

(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.

Signed: WWC Number: 723 Date: 5-10-02 2-20-07

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

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(1) OWNER:

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Address: 5115 Running Y Road
City: Klamath Falls State: OR Zip: 97601

(2) TYPE OF WORK: (repair/
 New Well Deepening Alteration/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 545'
Explosives Used Yes No Type --- Amount ---

HOLE			SEAL			sacks or pounds
Diameter	From	To	Material	From	To	
28"	0'	4'	Cement	0'	4'	20 Sacks
23"	-4'	75'	Cement	0'	75'	130 Sacks
19"	-75'	481'	Cement	0'	481'	1600 Sack
15"	-481'	545'	---	---	---	---

How was seal placed: Method A B C D E
 Other
Backfill placed from --- to --- Material ---
from --- to --- Material ---
Gravel placed from --- to --- Size of gravel ---

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
24"	0	4	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20"	0	78	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	+1.5	481	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LINER:

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

Final location of Shoe(s):

(7) PERFORATIONS/SCREENS:

Perforations Method: _____
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	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 gpm	Drawdown	Drill Stem at	Time
1400	151		1 hr.
			24hr

Temperature of water 57 Depth Artesian Flow Found ---
Was a water analysis done? --- By whom: ---
Did any strata contain water not suitable for intended use? (explain)

Depth of Strata: ---

(9) LOCATION OF WELL by legal description:

County: Klamath Latitude: _____ Longitude: _____
Township: 38S Range: 8E
Section: 15 NW 1/4 NW 1/4
Tax Lot: N/A Lot: N/A Block: _____ Subdivision: _____
Street Address of Well (or nearest address) _____
Running Y Resort Reservoir

(10) STATIC WATER LEVEL:

296 Ft. below land surface Date 04/30/02
Artesian pressure --- lb. per sq. in. Date ---

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Est. Flow Rate	SWL
130	182	10 GPM	ukn
295	545	1200 GPM	295

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Fill	0	2	
Basalt Boulders Consolidated Brwn Rock	2	7	
Basalt Gray	7	25	
Basalt Gray with Layers of Brown Rock	25	43	
Clay Brownish Yellw with Some Rock	43	130	
Rock Soft Decomposed Brown Clay	130		
Trace Water		182	
Clay Brownish Yellow with Some Rock	182	265	
Rock Brown with Layer of Clay Brown	265	281	
Basalt Reddish Brown	281	298	
Basalt Gray with Brownish Red	298	379	295
Lava Cinders Soft Med Red - Black	379	386	
Basalt Hard Gray Blk	386	392	
Lava Cinder Med Red - Black	392	394	
Basalt Hard Gray	394	406	
Cinder Broken Black - Red	406	445	
Basalt Gray Broken Caving	445	473	
Basalt Gray Hard	473	483	
Basalt Grayish Red Broken WB	483	545	

Date Started: 02/06/02 Completed: 04/30/02
WATER RESOURCES DEPT SALEM, OREGON

(unbonded) Water Well Constructor Certification:
I certify that the work I 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 the best of my knowledge and belief.

Signed Dave Denny WWC Number 806 Date 05/10/02

(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 _____ WWC Number 723 Date 05/10/02