

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 95249-101522 START CARD # 161952

(1) LAND OWNER Owner Well ID. 2 First Name James Last Name Halpenny Company Address 8769 Deschutes Rd. City Palo Cedro State CA Zip 96073

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

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy) Depth of Completed Well 480 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Row 1: 16, 0, 83, Cement, 0, 83, 73, S

How was seal placed: Method [] A [] B [X] C [] D [] E Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: [] Yes Type Amount

(6) CASING/LINER Table with columns: Casing, Liner, Dia, From, To, Gauge, Std, Plstc, Wid, Thrd. Includes shoe location and temp casing info.

(7) PERFORATIONS/SCREENS Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min 1,000 Drawdown Drill stem/Pump depth 350 Duration (hr) 1

Temperature 70 °F Lab analysis [] Yes [] No Water quality concerns? [] Yes (describe below) From To Description DEC 3 1 2007 Units

(9) LOCATION OF WELL (legal description) County KLAMATH Twp 41 S N/S Range 11 E E/W WM Sec 1 SW 1/4 of the SW 1/4 Tax Lot Tax Map Number R-4111-00100-00900-000 Lot Lat Long Street address of well () Nearest address (X) 25016 Old Main Hwy Malm, OR

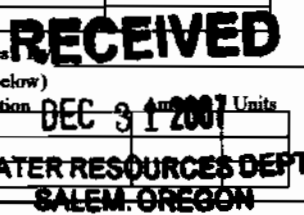
(10) STATIC WATER LEVEL Table with columns: Date, SWL(psi), + SWL(ft). Existing Well / Predeepening Completed Well 10-30-2007 69

WATER BEARING ZONES Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Rows for 09-20-2007, 09-25-2007

(11) WELL LOG Table with columns: Material, From, To. Lists geological layers like topsoil, gray and brown clay, lava and basalt floatstone, etc.

Date Started 09-20-2007 Completed 11-02-2007 (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.

(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.



STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 95249
START CARD # 161952

(1) LAND OWNER Owner Well I.D. 2

First Name James Last Name Halpenny
Company
Address 8769 Deschutes Rd.
City Palo Cedro State CA Zip 96073

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

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 480 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Row 1: 16, 0, 83, Cement, 0, 83, 73, S. Row 2: 12, 83, 480.

How was seal placed: Method [] A [] B [X] C [] D [] E
[] Other
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [] Yes Type Amount

(6) CASING/LINER table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes a diagram of casing sections.

Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour

Table for well tests with columns: Pump/Bailer/Air/Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 1,000, 350, 1.

Temperature 70 °F Lab analysis [] Yes [] No
Water quality concerns? [] Yes (describe below)
From To Description DEC 31 2007 Units
WATER RESOURCES DEPT SALEM, OREGON

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 41 S N/S Range 11 E E/W WM
Sec 1 SW 1/4 of the SW 1/4 Tax Lot
Tax Map Number R-4111-00100-00900-000 Lot
Lat " or " DMS or DD
Long " or " DMS or DD
[] Street address of well [X] Nearest address
25016 Old Malin Hwy Malin, OR

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), + SWL(ft). Row 1: Completed Well, 10-30-2007, 69.

WATER BEARING ZONES

Table with columns: SWL, Date, From, To, Est Flow, SWL(psi), + SWL(ft). Rows for 09-20-2007 and 09-25-2007.

(11) WELL LOG

Ground Elevation 4,068

Table with columns: Material, From, To. Lists soil types like topsoil, gray and brown clay, lava and basalt floatstone, etc.

Date Started 09-20-2007 Completed 11-02-2007

(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 Date 12/23/07
Password: (if filing electronically)
Signed James R Halpenny

(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 Date
Password: (if filing electronically)
Signed
Contact Info (optional)

RECEIVED

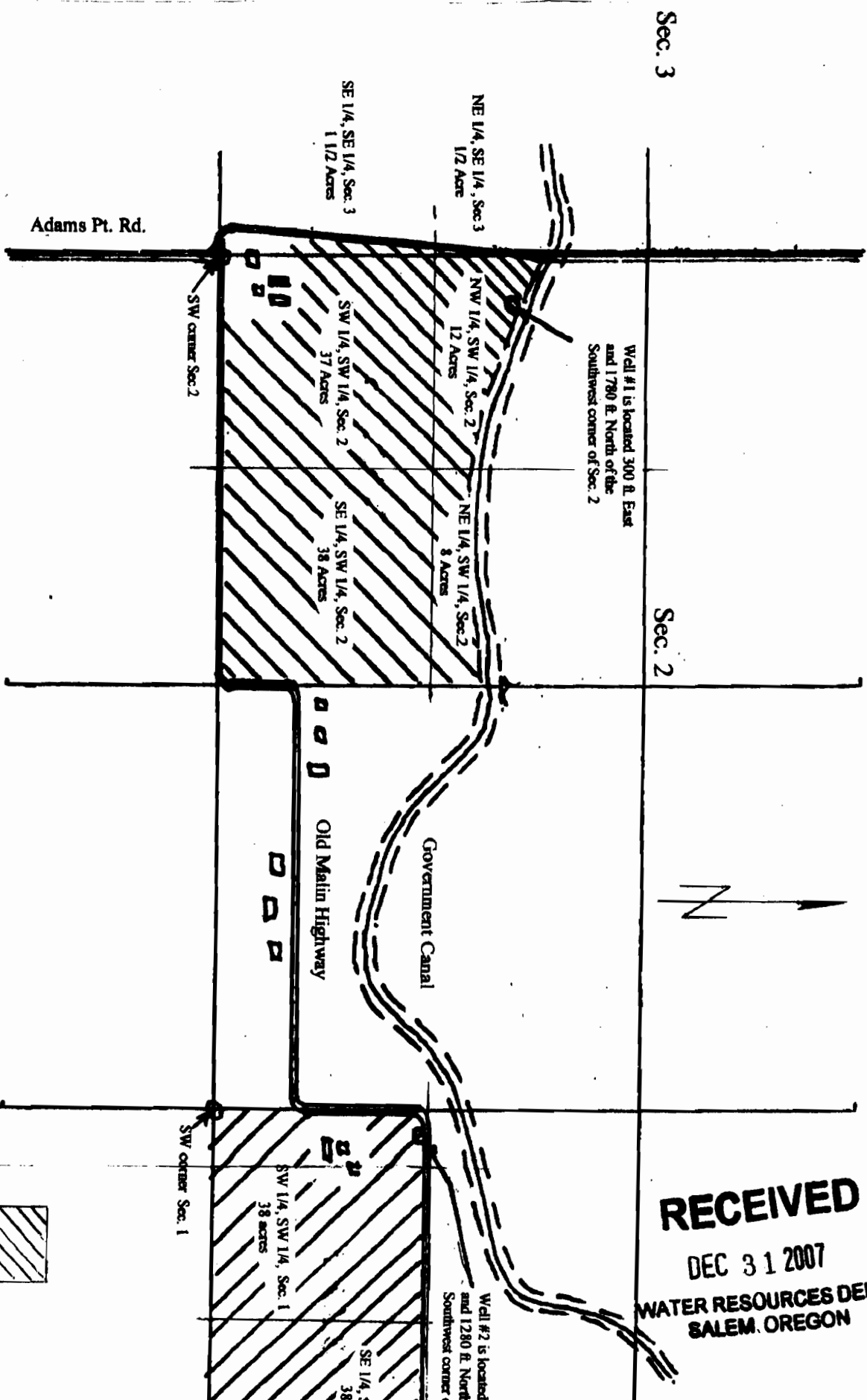
DEC 31 2007

WATER RESOURCES DEPT SALEM, OREGON

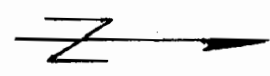
ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Map of well



IN THE NAME OF JAMES R. HALPENNY SECTIONS 1&2, T41S, R11E, W. M.



RECEIVED DEC 31 2007 WATER RESOURCES DEPT SALEM, OREGON

APPLICATION #: PERMIT #:

