

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company AUDRIC ENTERPRISES, INC.
 Address P.O. BOX 1418
 City WATSONVILLE State CA Zip 95077-1418

(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 Thrd
 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 1740.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
24	0	334	Bentonite Chips	0	15	141	S
12.25	334	1620	Cement	15	334	651	S
10	1620	1740					

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

 16 1 334 375
 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

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

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ 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)
2000	175	300	8
2600	220	300	8

Temperature 80 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County KLAMATH Twp 41.00 S N/S Range 11.00 E E/W WM
 Sec 17 NW 1/4 of the SW 1/4 Tax Lot 300
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

.375 MILE NORTH OF STATE LINE RD. AND .52 MILE EAST OF MALONE RD.

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	11/5/2012		39

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 1733

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11/5/2012	1733	1740	3000		39

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
YELLOW CLAY	2	7
BLACK SAND & FINE GRAVEL	7	9
YELLOW CLAY	9	11
BROWN SAND & CLAY	11	19
BLUE CLAY	19	79
GREY & BLUE CLAYSTONE	79	409
GREY CLAYSTONE	409	710
GREY CLAYSTONE W/ BLACK CINDER	710	790
BLACK CINDER	790	805
GREY CLAYSTONE W/ BLACK SAND STONE	805	1530
BROWN BASALT	1530	1602
GREY BASALT- HARD	1602	1733
GREY BASALT W/ RED CINDER	1733	1738
GREY BASALT-MEDIUM HARD	1738	1740

Date Started 5/7/2012 Complete 11/5/2012

(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 DEC 24 2012
 Signed _____ SALEM, OR

(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 1844 Date 12/5/2012
 Signed COLTER CHANCELLOR (E-filed)
 Contact Info (optional) CHANCELLOR DRILLING & PUMP

12/5/2012

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Proposed Amount _____ Actual Amount _____

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Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 16 1 334 .375
Shoe Inside Outside Other Location of shoe(s) _____
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

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Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
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2600 220 300 8
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WATER BEARING ZONES Depth water was first found _____
SWL Date From To Est Flow SWL(psi) + SWL(ft)

11/5/2012	1733	1740	3000		39

(11) WELL LOG Ground Elevation _____
Material From To
TOP SOIL 0 2
YELLOW CLAY 2 7
BLACK SAND & FINE GRAVEL 7 9
YELLOW CLAY 9 11
BROWN SAND & CLAY 11 19
BLUE CLAY 19 79
GREY & BLUE CLAYSTONE 79 409
GREY CLAYSTONE 409 710
GREY CLAYSTONE W/ BLACK CINDER 710 790
BLACK CINDER 790 805
GREY CLAYSTONE W/ BLACK SAND STONE 805 1530
BROWN BASALT 1530 1602
GREY BASALT- HARD 1602 1733
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