

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CURTISS LIVESTOCK
 Address 21051 HIGHWAY 140 W
 City KLAMATH FALLS State OR Zip 97601

(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 249.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
27	0	58	Cement	0	58	83	S
19.25	58	100					
12.25	100	249					

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
 20 1.5 58 .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

Perf/ Screen	Casing/ Liner	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 Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
 2200 41 50 4

Temperature 50 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount _____
 From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County KLAMATH Twp 37.00 S N/S Range 7.00 E E/W WM
 Sec 3 NW 1/4 of the NW 1/4 Tax Lot 700
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

21051 HIGHWAY 140 WEST
 KLAMATH FALLS, OR 97601

(10) STATIC WATER LEVEL
 Date SWL(psi) + SWL(ft)
 Existing Well / Pre-Alteration _____
 Completed Well 4/19/2013 _____ 10
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 8.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
4/19/2013	64	249	5000		10

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	3
BROWN CLAY	3	7
BROWN SANDSTONE & CLAY	7	28
BROWN & RED CINDER	28	38
BROWN CLAY	38	52
GREY & BROWN BASALT-HARD	52	64
GREY BASALT - HARD	64	81
GREY BASALT & BROWN CLAY	81	102
GREY BASALT	102	108
PURPLE TUFF-WELDED	108	118
RED CINDER	118	135
GREY & BROWN BASALT	135	219
BROWN BASALT	219	221
GREY SANDSTONE	221	227
GREY & BROWN BASALT	227	249

Date Started 3/5/2013 Complete 4/19/2013

(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 _____
 Signed _____

(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 4/23/2013
 Signed COLTER CHANCELLOR (E-filed)
 Contact Info (optional) CHANCELLOR DRILLING & PUMP