

(1) LAND OWNER Owner Well I.D. 1028291
 First Name _____ Last Name _____
 Company MONJE REAL ESTATE HOLDINGS II LLC
 Address 108915 HIGHWAY 97
 City CHEMULT State OR Zip 97731

(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 Thrld
 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 335.00 ft.
BORE HOLE
 Dia From To Material From To Amt sacks/lbs

10	0	30	Bentonite	0	30	14	S
7.25	30	209				Calculated	13.69
6	209	335				Calculated	

How was seal placed: Method A B C D E
 Other POURED AD TAMPED
 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 Thrld

<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1.2	209	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	195	335	.188	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 209
 Temp casing Yes Dia _____ From _____ To _____

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

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		5	240	330	.25	5	90	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
26	4	326	4

Temperature 51 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 109 ppm
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County KLAMATH Twp 27.00 S N/S Range 8.00 E E/W WM
 Sec 21 SW 1/4 of the SW 1/4 Tax Lot 800
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
108915 SOUTH HWY 97, CHEMULT OR 97731
EAGLE CRATER LAKE LODGE

(10) STATIC WATER LEVEL
 Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration		
Completed Well	11/10/2015	226

Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 226.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11/10/2015	226	318	40		226

(11) WELL LOG Ground Elevation 4764.00

Material	From	To
cinders, red yellow grey	0	13
clay grey w/pumice grey	13	24
basalt grey very hard	24	56
basalt grey very fract. unconsolidated	56	83
basalt grey very hard	83	110
basalt grey fract. unconsolidated	110	115
basalt grey very hard	115	226
basalt very fract. unconsolidated WB	226	318
basalt grey very hard	318	335

Date Started 10/12/2015 Completed 11/10/2015

(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 1965 Date 12/5/2015
 Signed NEIL LEE (E-filed)
 Contact Info (optional) Neil Lee 541-933-7956