

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

LAKE
4166

MAY 14 1992

37S/20E/27C

WATER RESOURCES DEPT.
 SALE, OREGON

(START CARD) # 34489

(1) OWNER:

Name Taylor Ranch Inc.
 Address HC 64, Box 415
 City Lakeview State OR Zip 97630

Well Number _____

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 529 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
22	0	19	cement	0	19	14
18	19	529				

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 0 ft. to 529 ft. Size of gravel 1/4 x 3/4

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	18	+1	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	+1	529	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liner:								

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
129	529	3/16x				<input type="checkbox"/>	<input type="checkbox"/>
			4	4pFI 12		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1000	40		1 hr.

Temperature of Water 62° Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Lake Latitude _____ Longitude _____
 Township 37S N. or S. Range 20E E. or W. WM. _____
 Section 27 SE 1/4 SW 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

47 ft. below land surface. Date 4/25/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
52	525	1000	47

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Topsoil	0	1 1/2	
Brn clay	1 1/2	7	
Sandy yellow clay	7	10	
Yellow clay	10	19	
Brn clay	19	35	
Yellow clay	35	40	
Coarse sand & brn clay	40	45	
Brn clay	45	52	
Layers of brn sand&sandstone	52	525	47
Gray shale	525	529	

Date started 12/12/91 Completed 4/25/92

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____
 Signed _____ Date _____

(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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1228
 Signed Randy J. Osborn Date 5/13/92