

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 66093
START CARD # 159029

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER ELDER RANCH INC. Rob ELDER Well Number _____
Name ELDER RANCH INC. Rob ELDER
Address 29306 ABERT RD.
City LAKEVIEW State OR Zip 97630

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 120 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Material		Sacks or pounds	
Diameter	From To	From	To	From	To	From	To
10"	0 20	Bentonite	0 20			2.5	SACKS
9"	20 100						
5"	100 128						

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

Backfill placed from _____ ft. to _____ ft. Material N/A
Gravel placed from _____ ft. to _____ ft. Size of gravel N/A

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	±1	100	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	88	128	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Down hole perforator, Factory Shred S1025
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	90	1/8x2	152			<input checked="" type="checkbox"/>	<input type="checkbox"/>
88	128	3/4x3	380			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 150 Drawdown 68 Drill stem at 80 Time 1 hr.

Temperature of water 55° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom NO
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other None
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County LAKE Latitude _____ Longitude _____
Township 36S N or S Range 21E E or W. WM.
Section 5 NW 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2903 Abert Rim Rd.

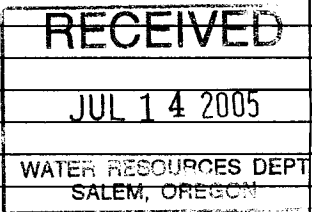
(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 6-21-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 85

From	To	Estimated Flow Rate	SWL
85	120	150	10

(12) WELL LOG:
Ground Elevation 4310

Material	From	To	SWL
Sandy clay	0	24	
Fine Black Sand	24	85	
Coarse Sand/Fine gravel	85	95	10
Coarse sand w/med. Gravel	95	125	10
Reddish Clay	125	128	10



Date started 6-14-2005 Completed 6-21-2005

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 766
Signed Loew Luecke Date 6-27-2005