

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

LAKE 51690

Ag 7
 Lake
 51690

WELL I.D. # L 76809
 START CARD # 171715

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

(1) LAND OWNER Name Golden Rule Farms INC Well Number _____
 Address PO Box 255
 City Christmas Valley State OR Zip 97621

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 640 ft.
 Explosives used: Yes No Type _____ Amount _____

| BORE HOLE | | | SEAL | | | |
|-----------|------|-----|----------|------|-----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or Pounds |
| 23 1/2" | 0 | 118 | Cement | 0 | 118 | 80 Sack |
| 16" | 118 | 450 | | | | |
| 12" | 450 | 640 | | | | |

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

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

(6) CASING/LINER

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|-------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 16" | 0 | 118 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

| From | To | Slot Size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Yield gal/min 2000 gal Drawdown _____ Drill stem at 640

Temperature of water 53° Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use?
 Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Lake
 Tax Lot 3900 Lot _____
 Township 26 N or S Range 17 E or W WM
 Section 37 NE 1/4 SE 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) No address assigned

(10) STATIC WATER LEVEL
23 ft. below land surface. Date 4-15-05
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

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

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 265 | 268 | 200 gal | |
| 469 | 475 | 500 gal | |
| 605 | 640 | 1000 gal | |

(12) WELL LOG Ground Elevation _____

| Material | From | To | SWL |
|--------------------|------|-----|-----|
| TOP SOIL | 0 | 2 | |
| Yellow clay | 2 | 15 | |
| Green stone | 15 | 25 | |
| Green clay | 25 | 92 | |
| Pumice with gravel | 92 | 96 | w.B |
| Gray clay | 96 | 180 | |
| Green clay | 180 | 195 | |
| Brown clay | 195 | 265 | |
| Pumice w/B | 265 | 268 | |
| Gray clay | 268 | 293 | |
| Brown clay | 293 | 325 | |
| Green clay | 325 | 393 | |
| Pumice | 393 | 443 | |
| Green clay stone | 443 | 448 | |
| Black lava | 448 | 469 | |
| Red lava w/B | 469 | 475 | |

Date Started 3-10-05 Completed 4-15-05

(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.

WWC Number _____ Date _____

Signed _____

(unbonded) 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.

WWC Number 1654 Date 5-15-05

Signed [Signature]

RECEIVED
 DEC 30 2005
 RECEIVED
 SEP 27 2005

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

LAKE 51690

Py 2
lake
51690

WELL I.D. # L 76909

START CARD # 171715

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

(1) LAND OWNER Well Number _____
 Name Golden Rule Farms Inc
 Address PO Box 255
 City Christmas State OR Zip 97601

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 640 ft.
 Explosives used: Yes No Type _____ Amount _____

| BORE HOLE | | | SEAL | | | Sacks or Pounds |
|-----------|------|----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

| Diameter | From | To | Gauge | Material | | | |
|----------|------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Steel | Plastic | Welded | Threaded |
| Casing: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

| From | To | Slot Size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input 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 |
|---------------|----------|---------------|------|
| | | | |
| | | | |
| | | | |

Temperature of water _____ 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 (legal description)
 County Lake
 Tax Lot 203800 Lot _____
 Township 26 N or S Range 17 E or W WM
 Section 31 NE 1/4 SE 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)
 Street Address of Well (or nearest address) no address
ASBIND

(10) STATIC WATER LEVEL
33 ft. below land surface. Date 11-15-05
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

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

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| | | | |
| | | | |
| | | | |

(12) WELL LOG Ground Elevation _____

| Material | From | To | SWL |
|------------------------|------|-----|-----|
| Black Lava Rock | 475 | 489 | |
| Red Lava Rock | 489 | 499 | |
| Black Lava Rock | 499 | 563 | |
| Red Lava Rock | 563 | 579 | WTB |
| Black Lava Rock | 579 | 598 | |
| Broken Lava Rock | 598 | 605 | WTB |
| Brown Cong with cinder | 605 | 640 | |

RECEIVED

SEP 27 2005

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

DEC 30 2005

WATER RESOURCES DEPT
SALEM, OREGON

Date Started _____ Completed _____

(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.

WWC 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.

WWC Number 16501 Date 5-15-05
 Signed _____