

STATE OF OREGON
WATER SUPPLY WELL REPORT

LAKE 54064

WELL I.D. LABEL# L

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156682

START CARD #

1076548

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

8/2/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company CRYSTAL CLEAR ENERGY LLC

Address 345 SOUTH E STREET

City LAKE VIEW State OR Zip 97630

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
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 500.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
13	0	349	Cement	0	349	270	S
8	349	500			Calculated	232	
					Calculated		

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☐ Other: _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 7/10/2025 Begin Time 09 00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+ From To Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	8	<input checked="" type="checkbox"/> 1 349 0.250	ST	<input checked="" type="checkbox"/>			

Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	500		500	1

Temperature 180 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 399 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County LAKE Twp 39.00 S N/S Range 20.00 E E/W WM

Sec 3 SE 1/4 of the NW 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ " or 42.21804148 DMS or DD

Long _____ " or -120.34987910 DMS or DD

☐ Street address of well ☒ Nearest address

BE HIND 76 SHALL STANTION LAKE VIEW OR 97630

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well				

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 165.00

SWL Date From To Est Flow SWL (psi) + SWL (ft)

5/14/2025	165	185	5		12
7/15/2025	375	410	500		109

(11) WELL LOG

Ground Elevation 4958.00 FT

Material	From	To
top soil	0	2
Boulders brown	2	12
gray clay stone hard	12	65
red clay stone hard	65	78
gray clay stone hard	78	125
green clay stone hard	125	140
red clay stone	140	180
gray clay stone hard	180	295
basalt	295	350
green clay stone hard	350	375
green clay stone broken	375	410
green clay stone	410	500

Construction

Begin Date 1/30/2025 Begin Time 09 00 End Date 7/15/2025

(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 1654 Date 8/1/2025

Signed TOM SEARCH (E-filed)

Drilling Company: Tom Search 541 576 2189

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

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WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

LAKE 54064

8/2/2025

Map of Hole

