

The original and first copy
of this report are to be
filed with the

within 30 days from the date
of well completion. S

68 (Please type or print)
(Do not write above this line)

19/3w-13

State Permit No.

020480

STATE ENGINEER
SALEM, OREGON

Name _____
Address **CRESWELL, OREGON**

If abandonment, describe material and procedure in Item 12.

Domestic ☐ Industrial ☐ Municipal ☒
Irrigation ☐ Test Well ☐ Other ☐

DATE: 10/10/2010 10:10:10 AM

perforations from _____ it. to _____ it.

구분	구분	구분	구분	구분	구분
구분	구분	구분	구분	구분	구분

Arterial pressure	lbs. per square inch	Systolic	Diastolic	Mean
100	100	100	100	100
110	110	110	110	110
120	120	120	120	120
130	130	130	130	130
140	140	140	140	140
150	150	150	150	150
160	160	160	160	160
170	170	170	170	170
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250	250	250	250	250
260	260	260	260	260
270	270	270	270	270
280	280	280	280	280
290	290	290	290	290
300	300	300	300	300
310	310	310	310	310
320	320	320	320	320
330	330	330	330	330
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410	410	410	410	410
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450	450	450	450	450
460	460	460	460	460
470	470	470	470	470
480	480	480	480	480
490	490	490	490	490
500	500	500	500	500
510	510	510	510	510
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790	790	790	790	790
800	800	800	800	800
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850	850	850	850	850
860	860	860	860	860
870	870	8		

Gravel placed from _____ ft. to _____ ft.

Contractor's License No. 126 Date MARCH 29, 1968