

JAN 02 1990

225/44E/8ad

Malheur 2276

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

WATER RESOURCES DEPT
SALEM, OREGON

(START CARD) # W-14816

(1) OWNER: Well Number: _____
Name Atlas Precious Metals Inc
Address 318 A St
City Uae State OR Zip 97818

(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
Yes No Depth of Completed Well 420 ft.
Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
	14 3/4 0 28	PT CONCRETE	0 28	19	
		VOLCLAY	300 SURFACE	40 Sacks	
		BENT PELLETS	295 300	3 BUCKETS	

How was seal placed: Method A B C D E
 Other TRENCH
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 555 ft. to 295 ft. Size of gravel .030

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
6"	72	320	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	340	400	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type WIRE WOUND Material LOW CARBON

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
320	340	.030			6"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	420	.030			6"	<input type="checkbox"/>	<input checked="" 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 35 Drawdown _____ Drill stem at 294 Time 1 hr.

Temperature of water 64°F 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 Malheur Latitude _____ Longitude _____
Township 22 S N or S, Range 44 E E or W, WM.
Section 8 SE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
52 ft. below land surface. Date 12-6-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
320	340	20	
400	420	20	
		40	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SOIL	0	2	
CLAY	2	10	
BASALT	10	28	
BROWN CLAY	28	55	
SILTSTONE	55	130	
CLAY & GRAVEL	130	173	
CLAY & SAND	173	190	
BASALT	190	315	
BROWN CLAY	315	323	
BROWN CLAY & SAND	323	360	
BROWN SANDSTONE	360	395	
BLACK & RED SAND	395	400	
SANDSTONE COARSE	408	441	
CLAY & GRAVEL	441	447	
CLAY & SAND	447	555	

Date started 11/27/89 Completed 12-1-89

(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.
Signed _____ WWC Number _____
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.
Signed Jerry Beard WWC Number 544
Date 12/1/89