

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

MALH 53752

WELL LABEL # L 183025

START CARD # 206270

ORIGINAL LOG # Malh 007

(1) LANDOWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company Three Valleys Ranch
Address 22445 Dodgeport Ln.
City Bridgeport State OR. Zip 97819

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth 430 ft.
Seal Material cement
Casing Type: Steel Plastic Other _____
Casing Gauge .250 Casing Diameter 12"

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 640 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
	<u>Existing</u>						

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>		<u>10</u>		<u>105</u>	<u>485</u>	<u>.250</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 485'
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Sern	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<u>405</u>	<u>485</u>	<u>1/4</u>	<u>6</u>	<u>120</u>	<u>10</u>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 71-200 Drawdown 344 Drill stem/Pump depth 400 Duration (hr) 4hr.
Temperature 53 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Malheur Twp 13 N or S Range 42 E or W W.M.
Sec 20 NW 1/4 of the NE 1/4 Tax Lot 600
Tax Map Number _____ Lot _____
Lat _____ ° _____ ' _____ " or _____ DMS or DD
Long _____ ° _____ ' _____ " or _____ DMS or DD
Street Address of Well (or nearest address) Mormon Basin

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>8-9-10</u>			<u>52</u>
Completed Well	<u>8-18-10</u>			<u>5</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>Existing</u>					

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Lined existing well w/ 10" to 485' and cleaned back to 640'</u>		

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OCT 18 2010
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 8-16-10 Completed 8-18-10

(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 1816 Date 9-10-10
Signed [Signature]
Contact Info. (optional) _____

541-519-0618



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.oregon.gov/owrd

Application for Well ID Number

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OCT 9 2024

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Ty Sharp (Mineral Valley, LLC)
 Mailing Address: 22141 Bridgeport Ln
 City, State, Zip: Bridgeport, OR 97819
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: _____
 City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 13 S (North / South) Range: 42 E (East / West) Section: 20 NE 1/4 of the NW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 400 County Malheur
 GPS Coordinates: 44.428963, -117.601978 (per iPad GPS via OWRD staff)
 Street Address of Well, City: Rye Valley Rd (off of, next to Basin Creek, 100' W of hairpin bend in road)
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Mining
 Date Well Constructed (or property built): 8-13-1980 Total Well Depth: 640' Casing Diameter: 10"
 Owner at time the well was constructed (if known): Three Valleys Ranch Well Report # (if known): MALH 7 & 53752
 Other Information: Well ID tag # L 103025 attached by driller at alteration is lost.

SUBMITTED BY (please print): Paul Garvin
 PHONE: 503-347-7188 EMAIL &/or FAX: garvin.hydrogeo@gmail.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

**** REPLACEMENT ID ****

For Official Use Only by the Oregon Water Resources Department:

Received Date: <u>10-9-2024</u>	Well Report Number: <u>MALH 7 (original)</u> <u>MALH 53752 (alt)</u>	Well Identification #: <u>L-156028</u>
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