

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 88895
 START CARD # 1011958

(1) LAND OWNER Owner Well I.D. _____
 First Name Don Last Name Decker
 Company Faith Land Company LLC
 Address 3716 East Idaho Street
 City Elko State NV Zip 89801

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

(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 580 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	580	Cement	500	200	15.00	P
			Granular Bentonite	50	0	48	S

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

Backfill placed from 200 ft. to 50 ft. Material Bent. Chips

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

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	8		<input checked="" type="checkbox"/> 2	500	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia 12 From 1 To 19

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf/S creen	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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
700	160	300	6

Temperature 87 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Units

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 19 S N/S Range 43 E E/W WM
 Sec 13 SW 1/4 of the NW 1/4 Tax Lot _____
 Tax Map Number _____ Lot 4600
 Lat 43 ° 91 ' 905 " or 43.91905 DMS or DD
 Long -117 ° 40 ' 728 " or -117.40728 DMS or DD
 Street address of well Nearest address

9.5 Miles west of Vale on South Side of Hwy 26

(10) STATIC WATER LEVEL

Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening		
Completed Well		70

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 300

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	300	320	-1		70
	400	424	40		70
	521	525	700		70

(11) WELL LOG

Material	From	To	Ground Elevation
Topsoil	0	5	
Tan Yellow & Brown Clay	5	50	
Blue Clay	50	232	
Black Rock Frac	232	320	
Black Rock Fractures	320	400	
Black Lava Rock Frac	400	460	
Black Lava Rock Frac	460	480	
Black Lava Rock Frac	480	521	
Red & Black Lava Rock Fractures	521	525	
Lava Red Black Blue Frac	525	535	
Lava Conglomerate Frac	535	571	
Lava Rock Frac Conglomerate	571	580	

Date Started 10-27-2010 Completed 01-13-2011

(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 _____

Password : (if filing electronically) _____

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 1714 Date 01-31-2011

Password (if filing electronically) _____

Signed Dave Adamson

Contact Info (optional) _____