



STATE OF OREGON WATER SUPPLY WELL REPORT

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

06-15-2011

WELL LABEL # L 104080

START CARD # 1012979

(1) LAND OWNER Owner Well I.D. _____

First Name MICHAEL Last Name RIGGS
Company ROCKING R CATTLE COMPANY LLC
Address PO BOX 550
City MERIDIAN State ID Zip 83680

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

(3) DRILL METHOD
[] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 265.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Rows include Bentonite Chips and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E

[X] Other after cement cured bentonite found from surface

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

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

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wid, Thrd. Includes a diagram of casing/liner connections.

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Table with columns: Perf/S creen, Casing/ Liner, Dia, From, To, Scm/slot width, Slot length, # of slots, Tele/ pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour

[X] Pump [] Bailer [] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Rows show test results.

Temperature 60 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Malheur Twp 15.00 S N/S Range 43.00 E E/W WM
Sec 32 NW 1/4 of the SW 1/4 Tax Lot 4900
Tax Map Number _____ Lot _____
Lat _____ " or 44.21822500 DMS or DD
Long _____ " or -117.48832500 DMS or DD
[] Street address of well [] Nearest address

5422 JOHN DAY HWY BROGAN

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Rows include Existing Well / Predeepening and Completed Well.

WATER BEARING ZONES Depth water was first found 30'

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Rows show water level data.

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Includes a 'RECEIVED' stamp and 'WATER RESOURCES DEPT SALEM, OREGON' stamp.

Date Started 04-13-2011 Completed 05-13-2011

(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.

License Number _____ Date _____
Electronically Filed
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.

License Number 1818 Date 06-15-2011
Electronically Filed
Signed DANIEL MCLERAN (E-filed)
Contact Info (optional) 208-941-0647