

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

WELL I.D. LABEL# L 114886
 START CARD # 1025802
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
 First Name Dale Last Name Berrett
 Company Berrett Ranches
 Address 3540 Highway 95
 City Jordan Valley State OR Zip 97910

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

(2a) PRE-ALTERATION
 Dia + From To Gauge Stil Plstc Wld Thrd
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

(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 470 ft.
BORE HOLE

| Dia | From | To | Material | SEAL | From | To | Amt | sacks/ |
|-----|------|-----|-----------------|------------|------|-----|-----|--------|
| 22 | 0 | 20 | Bentonite Chips | 0 | 113 | 219 | S | |
| 20 | 20 | 198 | | Calculated | | 201 | | |
| 12 | 198 | 470 | | Calculated | | | | |

How was seal placed: Method A B C D E
 Other Slow pour from top
 Backfill placed from 113 ft. to 440 ft. Material 3/4 Bentonite Chips
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

| Proposed Amount | Pounds | Actual Amount | Pounds |
|-----------------|--------|---------------|--------|
| | | | |

(6) CASING/LINER

| Casing | Liner | Dia | + From | To | Gauge | Stil | Plstc | Wld | Thrd |
|-------------------------------------|-------------------------------------|-----|---------------------------------------|-----|-------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 12 | <input checked="" type="checkbox"/> 2 | 198 | .250 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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"/> | | <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"/> | <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"/> | <input type="checkbox"/> |

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 20 From 0 To 20

(7) PERFORATIONS/SCREENS
 RECEIVED BY QWRD
 Perforations Method _____
 Screens Type _____ Material _____

| Perf/S | Casing/ | Screen | Scrm/slot | Slot | # of | Tele/ |
|--------|---------|--------|-----------|--------|-------|-----------|
| creen | Liner | Dia | width | length | slots | pipe size |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

DEC 04 2015
 SALEM, OR

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 300 | | 440 | 1 |
| | | | |

Temperature _____ °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 175

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
| | | | | |

(9) LOCATION OF WELL (legal description)
 County MALHEUR Twp 32 S N/S Range 40 E E/W WM
 Sec 15 NE 1/4 of the NW 1/4 Tax Lot 3201
 Tax Map Number _____ Lot _____
 Lat _____ " or 42.7837 DMS or DD
 Long _____ " or -117.7953 DMS or DD
 Street address of well Nearest address
 4412-4472 Idaho-Oregon-Nevada Hwy, Jordan Valley OR 97910

(10) STATIC WATER LEVEL

| Existing Well / Pre-Alteration | Date | SWL(psi) | + SWL(ft) |
|--------------------------------|------------|----------|-----------|
| Completed Well | 08-24-2015 | | 63 |

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 200

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|------------|------|-----|----------|----------|-----------|
| 08-24-2015 | 200 | 470 | 300 | | 63 |
| | | | | | |
| | | | | | |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|---------------------------------|------|-----|
| Topsoil | 0 | 2 |
| Tan Hard Clay Rock | 2 | 5 |
| Lava Rock - Tan & Black | 5 | 18 |
| Reddish Lava Rock | 18 | 21 |
| Lava Rock | 21 | 30 |
| Tan Clay | 30 | 45 |
| Hard Clay - Tan & Green | 45 | 70 |
| Hard Clay Greenish | 70 | 150 |
| Hard Tan Clay | 150 | 200 |
| Fractured Hard Tan Clay | 200 | 220 |
| Fractured Hard Tan Clay | 220 | 236 |
| Fractured Lava Rock | 236 | 350 |
| Reddish Lava w/Fractures | 350 | 405 |
| Black Fractured Lava Rock | 405 | 410 |
| Black & Reddish Frac. Lava Rock | 410 | 470 |
| 20' - 30' of Slough-in | | |

Date Started 03-18-2015 Completed 08-24-2015

(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 1714 Date 11-30-2015
 Signed *Dave Johnson*
 Contact Info (optional) _____