

(1) LAND OWNER
 Owner Well I.D. _____
 First Name Chris Last Name Roy
 Company _____
 Address 6144 Molthon Ranch Rd
 City Traverse State OR Zip 97908

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

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl 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 200 ft. N/A See Well Log
BORE HOLE
 Dia From To Material From To Amt lbs

14	0	25					
12	25	200				Calculated	
						Calculated	

 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 _____
 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 Stl Plstc Wld Thrd

<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	0	200	0.28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	----	--------------------------	---	-----	------	--------------------------	--------------------------	-------------------------------------	--------------------------

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

(7) PERFORATIONS/SCREENS Perforations Method Fo clay Slot
 Screens Type _____ Material _____

Perf/S	Casing/	Screen	Scr/slot	Slot	# of	Tele/	
green	Liner	Dia	width	length	slots	pipe size	
<u>port</u>		<u>12</u>	<u>0</u>	<u>200</u>	<u>1/8"</u>	<u>3"</u>	<u>depth</u>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>150</u>	<u>180ft</u>	<u>180ft</u>	<u>1 hour</u>

 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Malheur Twp 14S N/S Range 39E E/W WM
 Sec 21 SW 1/4 of the 5556 7/4 Tax Lot 4400
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
6144 Molthon Ranch Rd

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>1/26/16</u>		<u>58</u>

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 60

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>1/26/15</u>	<u>20</u>	<u>127</u>	<u>32 G</u>		<u>58</u>
<u>1/24/15</u>	<u>122</u>	<u>131</u>	<u>100 G</u>		<u>58</u>

(11) WELL LOG Ground Elevation 3783

Material	From	To
<u>top soil</u>	<u>0</u>	<u>3</u>
<u>sand + gravel</u>	<u>3</u>	<u>16</u>
<u>clay</u>	<u>16</u>	<u>36</u>
<u>Gravel</u>	<u>36</u>	<u>56</u>
<u>Brown clay</u>	<u>56</u>	<u>60</u>
<u>sand gravel</u>	<u>60</u>	<u>146</u>
<u>Brown clay</u>	<u>146</u>	<u>176</u>
<u>sand gravel</u>	<u>176</u>	<u>196</u>
<u>Brown Clay</u>	<u>196</u>	<u>200</u>

 Date Started 12/1/14 Completed 1/26/16

(bonded) 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 MAY 02 2016
SALEM, OR
 Signed _____

(bonded) Water Well Constructor Certification **SALEM, OR**
 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 _____ Date 2-22-16
 Signed _____
 Contact Info (optional) .541 946 3265