

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

MORR
50470

WELL I.D.# 115317

(START CARD)# 098368

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

(1) OWNER: Well Number _____
Name Elkhorn Resources L.L.C.
Address Rt. 1, Box 53-B
City Bardman State OR Zip 97818

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

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 720 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
22"	0	23	Cement	0	440	300 SACKS
19"	23	440				
15"	440	485				
10"	485	720				

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	71	440	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 14"	387	447	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
2000+			1 hr.

Temperature of water 62° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Morrow Latitude _____ Longitude _____
Township 4N N or S Range 24E E or W. WM.
Section 23 SE 1/4 SW 1/4
Tax Lot 901 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Tower Rd. Bardman, OR 97818

(10) STATIC WATER LEVEL:
135 ft. below land surface. Date 5-4-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 74

From	To	Estimated Flow Rate	SWL
74	162	100	135
305	430	300	135
506	534	1000+	135
628	656	1000+	135

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sandy soil	0	8	
Brown clay with gravel	8	12	
Gray basalt	12	74	
Brown basalt with clay	74	162	WB
Gray basalt	162	305	
Brown & gray clay	305	430	WB
Gray basalt	430	506	
Gray basalt, broken	506	534	WB
Gray basalt	534	628	
Red & gray basalt	628	656	WB
Gray basalt	656	720	

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FEB 04 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 1-27-98 Completed 5-4-98

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
WWC Number 1218
Signed Petrick Wallace Date 6-1-98