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AUG 27 2001

WATER RESOURCES DEPT.

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765) — Instructions for completing this report are on the last page of this form.

50828

WELL I.D. # L 41910

START CARD # 91465

(1) OWNER: Well Number

Name R D OFFUT Co.

Address 75704 Threemile Rd

City Boardman 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 835 ft.

Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
20	0	80	cement	25	80	50 SKS
			Bentonite	0	25	32 SKS
16	80	483	Cement	0	483	14 yds
12	483	835				

How was seal placed: Method ☐ A ☒ B ☐ C ☐ D ☐ E

☒ Other Bentonite dry granule

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	0	80	250	☒	☐	☒	☐
	12	0	483	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 80

(7) PERFORATIONS/SCREENS:

☐ Perforations Method ____

☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
800		835	1 hr.

Temperature of water 56° 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 Sandy

Depth of strata: 295 – 400

(9) LOCATION OF WELL by legal description:

County Morrow Latitude ____ Longitude ____

Township 3 ☒ N or ☐ S Range 23 ☒ E or ☐ W. WM.

Section 26 SE 1/4 NE 1/4

Tax Lot 100 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

163 ft. below land surface. Date 1-4-01

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found 64

From	To	Estimated Flow Rate	SWL
64	74	10	64
159	166	40	122
379	385	500	122
348	[illegible]	[illegible] 50	163
742	802	800	163

(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
Silt	0	14	
Tan Clay	14	74	
Black Basalt	74	159	
Vesicular/Blue Clay	159	166	64
Blue Clay	166	223	122
Black Basalt	223	295	
Blue Clay	295	340	
Sandy Blue Clay	340	375	
Blue Clay	375	400	
Tan Clay	400	416	
Grey Clay	416	468	
Black Basalt	468	548	
Vesicular Basalt	548	587	163
Black Basalt	587	642	
Grey Basalt	642	743	
Vesicular Basalt	743	750	
Fractured Basalt	750	757	
Vesicular Basalt	757	780	
Fractured Basalt	780	802	
Black Basalt	802	835	

Date started 12-1-00 Completed 1-04-01

(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.

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WATER RESOURCES DEPT.

SALEM, OREGON

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 757

Signed [signature] Date 1-19-01

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

Morr
50828

2 casings
cemented
16" from 25 to 80
12" 0 - 483