

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

WELL LABEL # L 85259

START CARD # 193732

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

First Name _____ Last Name _____
 Company TERRA MAGIC INC
 Address P.O. BOX 3093
 City LaGRANDE State OR Zip 97850

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

(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 1,200 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
28	0	340	Cement	0	240	27 <u>440</u>
26	340	796	Cement	766	796	4 <u>400</u>
16	796	1,200				

How was seal placed: Method A B C D E

Other _____
 Backfill placed from 240 ft. to 766 ft. Material High Solid Bentonite
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	18	<input checked="" type="checkbox"/> 2	796	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	10	<input type="checkbox"/> 758	998	.250	<input checked="" type="checkbox"/>	<input 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"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type Johnson CS-W41 Material LCS

Perf/S	Casing/	Screen	Scr/slot	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots	pipe size
<input type="checkbox"/>	<input type="checkbox"/>	10	998	1,198	.04			
<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 200 Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

Temperature 65 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

RECEIVED

JAN 02 2009

WATER RESOURCES DEPT

(9) LOCATION OF WELL (legal description)

County UNION Twp 2 S N/S Range 38 E E/W WM
 Sec 3 NW 1/4 of the SE 1/4 Tax Lot 1000
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

1/4 MILE NORTH OF STANDLEY ON HUNTER ROAD

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	12-10-2008	31	

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-10-2008	991	1,193	200	31	

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	3
BROWN CLAY, W/LAYERS OF SAND, GRAVEL	3	45
SAND, BROWN CLAY LAYERS	45	449
BLACK SANDSTONE W/SAND STREAKS	449	469
BROWN CLAY, SAND LAYERS	469	537
STICKY GREY CLAY W/SM SAND LAYERS	537	655
STICKY GREY CLAY W/BURNT CLAY LAYERS	655	748
HARD SILTSTONE W/ CLAY LAYERS	748	786
STICKY GREY CLAY	786	991
GREEN METAMORPHIC POWDER RIVER		
VOLCANIC'S AS PER DOGMI	991	993
SILTSTONE	993	997
GREEN METAMORPHIC POWDER RIVER		
VOLCANIC'S PER DOGMI	997	1,193
BROWN & GREY ASH	1,193	1,200

Date Started 06-04-2008 Completed 12-10-2008

(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 1764 Date 12-29-2008
 Password: (if filing electronically) _____
 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 1505 Date 12-29-2008
 Password: (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____

