

(1) LAND OWNER Owner Well I.D. RUDD 1
 First Name BRETT Last Name RUDD
 Company _____
 Address 62913 WALLSINGER RD
 City COVE State OR Zip 97824

(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 4045.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
28	0	116	Cement	0	116	149	S
22	116	2537	Cement	116	500	628	S
14.75	2537	4045	Cement	2357	2537	256	S

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 500 ft. to 2357 ft. Material CEMENT/BENTONITE
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	1	2537	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	0	116	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input type="checkbox"/>	2504	4045	.25	<input checked="" 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 Machine Slot
 Screens Type _____ Material _____

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Perf	Liner	Dia	From	To	width	length	slots	pipe size	
		12	2540	4025	.188	2.5	21360		

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
800	450	500	12

Temperature 110 °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 UNIO Twp 2.00 S N/S Range 39.00 E E/W WM
 Sec 20 SW 1/4 of the NW 1/4 Tax Lot 02S3929 300
 Tax Map Number _____ Lot _____
 Lat _____ " or 45.38022900 DMS or DD
 Long _____ " or -117.97217000 DMS or DD
 Street address of well Nearest address
 62913 WALLSINGER RD

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	7/20/2013			55

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 160.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
3/12/2013	160	2537	0			160
3/27/2013	2537	4045	0			55

(11) WELL LOG Ground Elevation _____

Material	From	To
Geologic Info is attached	0	4045

Date Started 3/2/2013 Complete 8/25/2013

(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 1523 Date 9/11/2013
 Signed ROBERT STADELI (E-filed)
 Contact Info (optional) Robert Stadelin - 503-572-9396

