

WASH 67265
SKYLES DRILLING, INC.
503-656-2683

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

WELL ID # L **None**
 START CARD # **W1004670**

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

(1) OWNER: Well Number: **02**
 Name **Extra Space Storage / King City Project**
 Address **16738-H145 Lakeshore Dr.**
 City **Lake Elsinore** State **CA** Zip **92530-4938**

(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 **0** ft.
 Explosives used Yes No Type Amount

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
6		Cement w/ 5% Bentonite	695	0	80 Sacks

How was seal placed: Method A B C D E
 Other **Pumped @ bottom**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from **695** ft. to **675** ft. Size of gravel **3/8 pea 7sacks**

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	1	526	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Existng				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) **N/A**

(7) PERFORATIONS/SCREENS:

Screens		Method		Material			
From	To	Slot size	Number	Diameter	Tela/pipe size	Casing	Liner
1	526	1/8x1	7087			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min **N/A** Drawdown _____ Drill stem at _____ Time _____

Temperature of Water _____ 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 **Washington** Latitude _____ Longitude _____
 Township **2SOUTH** N or S. Range **1WEST** E or W. of WM.
 Section **15BD** **SE** 1/4 **NW** 1/4
 Tax lot **3000** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **16735 SW Pacific Hwy, King City, OR**

(10) STATIC WATER LEVEL:
16 ft. below land surface. Date **8/27/2008**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **N/A**

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground elevation _____
 Material _____ From _____ To _____ SWL _____
Abandonment Only.

RECEIVED
SEP 09 2008
 WATER RESOURCES DEPT
 SALEM, OREGON

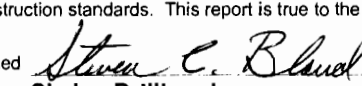
Skyles Drilling, Inc.
21912 S. Beaver Creek Rd.
Oregon City, OR 97045
503-656-2683

Date started **8/27/2008** Completed **8/28/2008**

(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.

Signed  WWC Number **1715**
 Date **8-29-08**

(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.

Signed  WWC Number **1592**
 Date **8/29/2008**
Skyles Drilling, Inc.