

STATE OF OREGON
WATER SUPPLY WELL REPORT
(As required by ORS 537.165) WATER RESOURCES DEPT.
Instructions for completing this report are on the back of this form.

WELL I.D. # 1. 41910
START CARD # 91465

(1) OWNER: Well Number
Name R.D. OFFUT Co.

Address 75900 Threemile Rd
City Boardman State OR ZIP 97825

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/rectification) 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
Explosives used Yes No Type Amount

| HOLE | | SEAL | | |
|-----------|-----------|---------------------|-----------|----------------|
| Diameter | From To | Material | From To | Feet or pounds |
| <u>20</u> | <u>0</u> | <u>80 cement</u> | <u>25</u> | <u>60</u> |
| | | <u>75 lb cement</u> | <u>0</u> | <u>25</u> |
| <u>16</u> | <u>80</u> | <u>75 lb cement</u> | <u>0</u> | <u>14 yds</u> |
| <u>12</u> | <u>78</u> | <u>835</u> | | |

How was seal placed: Method A B C D E
 Other Bedstone dry granule

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

| Casing | Diameter | From To | Gauge | Steel | Plastic | Welded | Threaded | Liner |
|--------|-----------|----------|-----------|------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| | | | | | | | | |
| | <u>16</u> | <u>0</u> | <u>80</u> | <u>250</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>12</u> | <u>0</u> | <u>78</u> | <u>250</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of above: 80

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Material | 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"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Pump Shaker Air Flowing Artesian
Yield gallons _____ Drawdown _____ Drill stem lift _____ Time _____
800 8.35 _____ 1 hr

Temperature of water 56° Depth Artesian Flow Found _____
Was a water analysis done? Yes No 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 Morrey Latitude _____ Longitude _____
Township 3 N S Range 23 W W. WM.
Section 26 SE 1/4 Block 14 Subdivision _____
Tax Lot 100 1st Block Subdivision _____
Street Address of Well (or nearest address): same

(10) STATIC WATER LEVEL:
163 ft. below land surface. Date 1-4-01
Atmospheric pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 64

| From | To | Estimated Flow Rate | SWL |
|------------|------------|---------------------|------------|
| <u>0</u> | <u>74</u> | <u>10</u> | <u>64</u> |
| <u>159</u> | <u>166</u> | <u>40</u> | <u>122</u> |
| <u>279</u> | <u>375</u> | <u>500</u> | <u>122</u> |
| <u>378</u> | <u>802</u> | <u>200-50</u> | <u>167</u> |
| <u>242</u> | <u>802</u> | <u>800</u> | <u>167</u> |

(12) WELL LOG:

| Material | From | To | SWL |
|----------------------------|------------|------------|------------|
| <u>Silt</u> | <u>0</u> | <u>14</u> | |
| <u>Tan Clay</u> | <u>14</u> | <u>74</u> | |
| <u>Black Basalt</u> | <u>74</u> | <u>159</u> | |
| <u>visicular Blue Clay</u> | <u>159</u> | <u>166</u> | <u>69</u> |
| <u>Blue Clay</u> | <u>166</u> | <u>223</u> | <u>122</u> |
| <u>Black Basalt</u> | <u>223</u> | <u>295</u> | |
| <u>Blue Clay</u> | <u>295</u> | <u>370</u> | |
| <u>Sandy Blue Clay</u> | <u>370</u> | <u>375</u> | |
| <u>Blue Clay</u> | <u>375</u> | <u>400</u> | |
| <u>Tan Clay</u> | <u>400</u> | <u>416</u> | |
| <u>Grey Clay</u> | <u>416</u> | <u>468</u> | |
| <u>Black Basalt</u> | <u>468</u> | <u>578</u> | |
| <u>visicular Basalt</u> | <u>578</u> | <u>587</u> | <u>167</u> |
| <u>Black Basalt</u> | <u>587</u> | <u>642</u> | |
| <u>Grey Basalt</u> | <u>642</u> | <u>723</u> | |
| <u>Bipicular Basalt</u> | <u>723</u> | <u>750</u> | |
| <u>fractured Basalt</u> | <u>750</u> | <u>757</u> | |
| <u>visicular Basalt</u> | <u>757</u> | <u>780</u> | |
| <u>fractured Basalt</u> | <u>780</u> | <u>802</u> | |
| <u>Black Basalt</u> | <u>802</u> | <u>835</u> | |

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

(unbonded) **RECEIVED** Water Resources Department Certification:
I certify that the work performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Material used in the construction above are true to the best of my knowledge and belief.

Signed _____ WWC Number _____ Date _____
(bonded) Water Well Construction 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 G. J. Brown WWC Number 759 Date 1-19-01

Morr
50828

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2 casings
cemented

16" from 25 to 80

12" 0-483