

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 5145

PRINT OR TYPE ONLY

1. OWNER Amay ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1707 Cole Blvd _____
Golden CO 80401 _____
 2. LOCATION SE 1/4 NW 1/4 Sec 31 T 7 N R 3 E _____ County PERMANENT
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE OBSERVATION
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>SAND + CLAY</u>		<u>0</u>	<u>40</u>	<u>40</u>
<u>SAND</u>		<u>40</u>	<u>50</u>	<u>10</u>
<u>SAND + CLAY</u>		<u>50</u>	<u>125</u>	<u>75</u>
<u>GRAVEL</u>		<u>125</u>	<u>200</u>	<u>75</u>
<u>CLAY</u>		<u>200</u>	<u>250</u>	<u>50</u>

8. WELL CONSTRUCTION
 Diameter hole 6 inches Total depth 250 feet
 Casing record 5" SCHEDULE 40 PVC
 Weight per foot _____ Thickness _____
 Diameter _____ From _____ To _____
6" inches ± feet 240 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type BRONZE
 Depth of seal 10 feet
 Gravel packed: Yes No
 Gravel packed from 10 feet to 250 feet
 Perforations:
 Type perforation PISTONED PVC
 Size perforation .910
 From 240 feet to 250 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 57 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold ° F. Quality _____

Date started 8/12, 1985
 Date completed 8/12, 1985

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name LANG Exploratory Drilling & Service Contractor
 Address 185 W. 3300 South Contractor 84115
 Nevada contractor's license number 0021976
 Nevada contractor's drillers number 0021976
 Nevada driller's license number 1366 Actual Driller
 Signed [Signature] Contractor
 Date 8-23-85

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

