

WELL CONSTRUCTION AND TEST REPORT
 STATE OF COLORADO, OFFICE OF THE STATE ENGINEER
 1313 Sherman St., Rm 818, Denver, CO 80203

For Office Use only

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DEC 09 2004

WATER RESOURCE
 STATE ENGINEER
 COLO.

1. WELL PERMIT NUMBER 60783-F

2. OWNER NAME(S) Gary Wilson
 Mailing Address # 2 Silver Fir Court
 City, St. Zip Littleton, Co. 80127
 Phone (303) 973-5339

3. WELL LOCATION AS DRILLED: NE 1/4 NE 1/4, Sec. 7 Twp. 3 N, Range 76 W
 DISTANCES FROM SEC. LINES:
415 ft. from North Sec. line. and 170 ft. from East Sec. line. OR
(north or south) (east or west)
 SUBDIVISION: Naylor Outright Exemption LOT B2 BLOCK _____ FILING(UNIT) _____
 STREET ADDRESS AT WELL LOCATION: _____

4. GROUND SURFACE ELEVATION Unknown ft. DRILLING METHOD Air
 DATE COMPLETED 10-7-04 TOTAL DEPTH 160 ft. DEPTH COMPLETED _____ ft.

5. GEOLOGIC LOG:

Depth	Description of Material (Type, Size, Color, Water Location)
0	6 Overburden
6	52 Sandy shale
52	76 Shale, gravel & sand, black
76	88 Shale
88	90 Sand, gravel & black sand
90	102 Gray shale
102	108 Sand, gravel & black sand
108	111 Gray shale
111	118 Sand, gravel & shale <u>XX</u>
118	121 Sand, gravel & black sand
121	160 Gravel & sand

REMARKS: Dry hole

6. HOLE DIAM. (in.)

From (ft)	To (ft)
0	44
44	110

7. PLAIN CASING

OD (in)	Kind	Wall Size	From(ft)	To(ft)
7	Steel	.215	+1	160

PERF. CASING: Screen Slot Size: _____

8. FILTER PACK:
 Material _____
 Size _____
 Interval _____

9. PACKER PLACEMENT:
 Type _____
 Depth _____

10. GROUTING RECORD:
 Material Amount Density Interval Placement
 Cement 6cuft. 15# 15-45 Tremied

11. DISINFECTION: Type _____ Amt. Used _____

12. WELL TEST DATA: Check box if Test Data is submitted on Form No. GWS 39 Supplemental Well Test.
 TESTING METHOD Air
 Static Level _____ ft. Date/Time measured 10-7-04, Production Rate _____ gpm.
 Pumping level _____ ft. Date/Time measured 10-7-04, Test length (hrs.) _____
 Remarks _____

13. I have read the statements made herein and know the contents thereof, and that they are true to my knowledge. [Pursuant to Section 24-4-104 (13) (e) C.R.S., the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.]

CONTRACTOR James drilling Company Phone (303) 420-5181 Lic. No. 1134
 Mailing Address 6235 West 56th avenue Aryada, Co. 80002

Name/Title (Please type or print) <u>Michael Keaton, President</u>	Signature 	Date <u>11-30-04</u>
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Casing program for permit number 60783-F under Gary Wilson

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Plain casing:

4.5" P.V.C. .214 wall from 820 ft. to 920 ft.

4.5" P.V.C. .214 wall from 960 ft. to 980 ft.

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3. **WELL LOCATION AS DRILLED:** NE 1/4 NE 1/4, Sec. 7 Twp. 3 N, Range 76 W
DISTANCES FROM SEC. LINES:
415 ft. from North Sec. line. and 170 ft. from East Sec. line. OR
(north or south) (east or west)
SUBDIVISION: Naylor Outright Exemption LOT B2 BLOCK _____ FILING(UNIT) _____
STREET ADDRESS AT WELL LOCATION: _____

4. **GROUND SURFACE ELEVATION** Unknown ft. **DRILLING METHOD** Air
DATE COMPLETED Nov. 14, 2004 **TOTAL DEPTH** 1000 ft. **DEPTH COMPLETED** 980 ft.

5. **GEOLOGIC LOG:**

Depth	Description of Material (Type, Size, Color, Water Location)
0	8 Overburden, broken
8	54 Shale with some sand
54	296 Broken shales & cobbles
296	328 Clay & shale
328	540 Granite gray, soft XX
540	645 Granite Medium hard
645	654 Granite red
654	790 Granite gray
790	795 Granite gray & red XX
795	1000 Mixed colored granite XX

REMARKS: See attached for rest of casing program

6. **HOLE DIAM. (in.)**

From (ft)	To (ft)
0	23
18	299
300	321
322	1000

7. **PLAIN CASING**

OD (in)	Kind	Wall Size	From(ft)	To(ft)
7	Steel	.215	+1	299
4.5	P.V.C.	.214	10	420
4.5	P.V.C.	.214	480	600
4.5	P.V.C.	.214	660	780
PERF. CASING: Screen Slot Size: .032				
4.5	P.V.C.	.214	420	480
4.5	P.V.C.	.214	600	660
4.5	P.V.C.	.214	780	820
4.5	P.V.C.	.214	920	960

8. **FILTER PACK:**
 Material _____
 Size _____
 Interval _____

9. **PACKER PLACEMENT:**
 Type Rubber
 Depth 3 @ 335

10. **GROUTING RECORD:**

Material	Amount	Density	Interval	Placement
Cement	4cuft.	15#	11-22	Poured & vibrated
Cement	5 cuft.	15#	285-328	Tremied

11. **DISINFECTION:** Type H. T. H. Amt. Used 300z.

12. **WELL TEST DATA:** Check box if Test Data is submitted on Form No. GWS 39 Supplemental Well Test.
TESTING METHOD Air
 Static Level + 8 ft. Date/Time measured 10-14-04, Production Rate ± 4 gpm.
 Pumping level 970 ft. Date/Time measured 10-14-04, Test length (hrs.) 1
 Remarks _____

13. I have read the statements made herein and know the contents thereof, and that they are true to my knowledge. [Pursuant to Section 24-4-104 (13)(a) C.R.S., the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.]

CONTRACTOR James Drilling Company Phone (303) 420-5181 Lic. No. 1134
Mailing Address 6235 West 56th avenue Aryada, Co, 80002

Name/Title (Please type or print) Michael Keaton, President **Signature**  **Date** 12-3-04