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|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Form No. GWS-11 6/2003 | <b>STATE OF COLORADO<br/>OFFICE OF THE STATE ENGINEER</b><br>818 Centennial Bldg., 1313 Sherman St., Denver, CO 80203<br>(303) 866-3581 Fax (303) 866-3589 | For Office Use Only |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|

**CHANGE IN OWNERSHIP/ADDRESS  
CORRECTION OF THE WELL LOCATION**

Insert the Well Permit Number 40709

Name, address and phone of the person claiming ownership of the well:  
 NAME(S) LOUISA MCKAY  
 Mailing Address ~~Cripple Creek Co. 8~~ BOX 553  
 City, St. Zip Cripple Creek, CO 80813  
 Phone (719) 748 8500 message (mother)

**RECEIVED**  
**MAR 11 2004**  
**WATER RESOURCES  
STATE ENGINEER  
COLO.**  
  
rec # 0627885

This form is filed by the named individual/entity claiming that they are the owner of the well permitted as referenced above. This filing is made pursuant to C.R.S. 37-90-143.

WELL LOCATION: County Teller Owner's Well Designation Household  
201 Lake Dr. FLORISSANT CO 80816  
 (Address) (City) (State) (Zip)  
 N/E 1/4 of the NW 1/4, Sec. 34, Twp. 12  N. or  S., Range 71  E. or  W., 6<sup>th</sup> P.M.  
 Distance from Section Lines 625 Ft. From  N. or  S., 1500 Ft. From  E. or  W. Line.  
 Subdivision Name Valley Hi Mountain Estal. Lot 3, Block 1, Filing/Unit 1

The above listed owner(s) say(s) that he, she (they) own the well described herein. The existing record is being amended for the following reasons:  Change in name of owner  Change in mailing address  
 Correction of location for exempt wells permitted prior to May 8, 1972 and non-exempt wells permitted before May 17, 1965. Please see the reverse side for further information regarding correction of the well location.

I (we) claim and say that I (we) (are) the owner(s) of the well described above, know the contents of the statements made herein, and state that they are true to my (our) knowledge.

|                                                                       |                                                       |                         |
|-----------------------------------------------------------------------|-------------------------------------------------------|-------------------------|
| Please print the Signer's Name & Title<br><u>LOUISA MCKAY - Owner</u> | Signature(s) of the new owner.<br><u>Louisa McKay</u> | Date<br><u>01-02-04</u> |
|-----------------------------------------------------------------------|-------------------------------------------------------|-------------------------|

It is the responsibility of the new owner of this well to complete and sign the form. Signatures of agents are acceptable if an original letter of agency signed by the owner is attached to the form upon its receipt.

For Office Use Only

**ACCEPTED AS A CHANGE IN OWNERSHIP  
AND/OR MAILING ADDRESS.**

Neil D. Simpson State Engineer By Louisa McKay Date 3-22-04