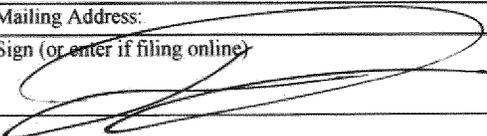


"Form No. GWS-31 9/2016	WELL CONSTRUCTION AND YIELD ESTIMATE REPORT State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 and	For Office Use Only		
1. Well Permit Number: 326781 Receipt Number: 100120030				
2. Owner's Well Designation:				
3. Well Owner Name: MONDO, ROBERT				
4. Well Location Street Address:				
5. GPS Well Location		County: FREMONT		
Zone 12 <input checked="" type="checkbox"/>	Zone 13 Easting: 464849 Northing: 4278795			
6. Legal Well Location: SW 1/4, NW 1/4, Sec., 13 Twp 16, N or S <input checked="" type="checkbox"/> Range 72 E or W <input checked="" type="checkbox"/> 6TH P.M.				
Distances from Section Lines: _____ ft. from _____ N or S _____ section line, and _____ ft. from _____ E or W _____ section line				
Subdivision: LONG HORN RANCH, Lot _____, Block _____, Filing (Unit) 2				
7. Ground Surface Elevation: _____ feet		Date Completed: 4/11/2023 Drilling Method: AIR PERCUSSION		
8. Completed Aquifer Name: _____		Total Depth: 400 feet Depth Completed: 400 feet		
9. Advance Notification: Was Notification Required Prior To Construction? Yes <input checked="" type="checkbox"/> No, Date Notification Given: _____				
10. Aquifer Type:		Laramie-Fox Hills		
(Check one) <input checked="" type="checkbox"/> Type I (One Confining Layer)	<input type="checkbox"/> Type I (Multiple Confining Layers)	<input type="checkbox"/> Type 111 (alluvial/colluvial)		
<input checked="" type="checkbox"/> Type II (Not overlain by Type 111)	<input type="checkbox"/> Type II (overlain by Type 111)			
11. Geologic Log:				
Depth	Type	Grain Size	Color	Water Loc.
0-3	TOPSOIL		BROWN	
3-12	LOOSE ROCK		BROWN	
12-400	GRANITE		RED/GRAY	345
12. Hole Diameter (in.)				
		From (ft)	To (ft)	
9		0	39	
6 1/8		39	400	
13. Plain Casing				
OD (in)	Kind	Wall Size (in)	From (ft)	To (in)
6 5/8	STEEL	0.188	1+	39
4 1/2	PVC	0.237	0	320
4 1/2	PVC	0.237	380	400
Perforated Casing				
OD (in)	Kind	Wall Size (in)	From (ft)	To (in)
4 1/2	PVC	0.237	320	380
14. Filter Pack:			15. Packer Placement:	
Material _____		Type _____		
Size _____		Depth _____		
Interval _____				
16. Grouting Record:				
Material	Amount	Density	Interval	Placement
CEMENT	4SACKS	15.3	0-39	POSITIVE
VIBRATED				
Remarks:				
17. Disinfection: Type CHLORINE Amt. Used 1 GALLON WATER INJECTED				
18. Well Yield Estimate Data: <input type="checkbox"/> Check box if Test Data is submitted on Form GWS - 39, Well Yield Test Report.				
Well Yield Estimate Method: AIR LIFT				
Static Level: 60		Estimated Production Rate 5 gpm.		
Date/Time measured: 4/11/2023		Estimate Length (hrs) 1		
Remarks:				
19. I have read statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of Water Well Construction Rules, 2 CCR 402 2. The filing of a document that contains false statements is a violation of section 37 91 108(1)(e), C.R.S., and is punishable by fines up to \$1,000 and/or revocation of the contracting license. If filing online the State Engineer considers the entry of the licensed contractor's name to be compliance with Rule 17.4.				
Company Name: ARKANSAS VALLEY DRILLING		Email: TLJBGRS@AOL.COM		Phone w/area code: (719) 276-6847
				License Number: 1305
Mailing Address:				
Sign (or enter if filing online)		Print Name and Title		Date:
		TODD A. MOORE		4/11/2023