FORM NO. GWS-31 04/2005	WELL CONSTRUCTION AND TEST REPORT  STATE OF COLORADO, OFFICE OF THE STATE ENGINEER  1313 Sherman St., Room 818, Denver, CO 80203  Phone – Info (303) 866-3587 Main (303) 866-3581  Fax (303) 866-3589 http://www.water.state.co.us							For Office Use Only  RECEIVED		
1. WELL PERMIT NUMBER: 289624							l son a son			
2. WELL OWNER INFORMATION								NOV 2 1 2012		
NAME OF WELL OWNER: CLARK & MARY KELLEY								WATER RESOURCES STATE ENGINEER COLO		
MAILING A	ADDRESS: 850 CR	AWFORD PKV	NY #3114					COLO		
CITY: PORTSMOUTH STATE: VA 2						ZIP CODE: 23704				
TELEPHO	NE NUMBER: (757)	499-2964	<u> </u>							
3. WELL LOCATION AS DRILLED: NW1/4, SW1/4, Sec. 14, Twp. 13 □ N or ☒ S, Range 70 □ E or ☒ W  DISTANCES FROM SEC. LINES: 2093 ft. from □ N or ☒ S section line and 188 ft. from □ E or ☒ W section line.  SUBDIVISION: COLORADO WOODLAND ESTATES, LOT 7, BLOCK, FILING (UNIT)										
Optional	GPS Location: GPS leters, Datum must b	Unit must use	the following	settings: For	mat must b	e <b>UTM</b> , Unit	S Continu		ation:	
STREET ADDRESS AT WELL LOCATION:								Northing: 4307772.14		
4. GROUND	SURFACE ELEVATI	ON	feet		DRILLING	METHOD A	IR PERCUS	SION		
DATE COMPLETED 11/16/12 TOTAL DEPTH 220 feet DEPTH COMPLETED 215 feet									et	
					6. HOLE I	HOLE DIAM (in.) Fro		n (ft)	To (ft)	
Depth	Туре	Grain Size	Color	Water Loc.	8 5/8	8 5/8		0 40		
0 - 170	GRANITE		TAN		<u>6 1/8</u>		40			
170 - 180	GRANITE		GREY							
180 - 220	GRANITE		PINK/TAN		7. PLAIN					
-					OD (in)		-	in) From (ft		
-			<del></del>		1		.188			
-					4 1/2	PVC	SCH40	10	<u> 175</u>	
PERFOR						RATED CASING: Screen Slot Size (in): .035				
			<del> </del>		4 1/2	PVC	SCH40	<u>175</u>	<u>215</u>	
							*******			
							10.000	WED DI AOEA	4217	
ļ			<del> </del>		8. FILTER		9. PACKER PLAC		EMENT:	
			<del> </del>		Material Size	<u>SAND</u> 8 X 12	Type	<u>N/A</u>	-	
					Interval	150-215	Depth	N/A		
						ITING RECO		14//		
					1	Amount	Density	Interval	Placement	
Remarks:					PORT-	6 SACK	15#PG	9-39	POUR/	
				<u> </u>	LAND	-	<u> </u>		VIBRATE	
44 DIOINEE	OTION To ODAN		INF.		<u> </u>	4 4 O O U D	· · · · · · · · · · · · · · · · · · ·			
11. DISINFECTION: Type GRANULAR CHLORINE Amt. Used 1/2 CUP  12. WELL TEST DATA: ☐ Check box if Test Data is submitted on Form Number GWS 39 Supplem							mental Well	Test.		
TESTING M		V DOX II TOOK D	ata io oabiiitt			о оо оарріо				
		te/Time meası	ured: 11/16/	12		Production	Rate 5	anm	· <u>-</u> · · -	
Static Level 165 ft. Date/Time measured: 11/16/12 , Production Rate 5 gpm.  Pumping Level 220 ft. Date/Time measured 11/16/12 , Test Length (hrs) 2										
Remarks:					.,		( , ,	<del></del> -		
13. I have read	the statements made he Rule 17.4 of the Wate	r Well Construct	tion Rules, 2 CO	CR 402-2. [The	filing of a de	ocument that o	contains false s	ent is signed and statements is a	d certified in violation of	
section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$5000 and/or revocation of the contracting license.]  Company Name:  BLACK MOUNTAIN DRILLING, INC.  License No. (719)687-5708									nber:	
Mailing Address: PO BOX 644, DIVIDE, CO 80814										
Mailing Addr	ess: PU BUX 644, [	UNIDE, CO 80		ame and Title	···· .			<del></del>	Date	
Signature: David William Print Name and Title DAVID D. WILEY. CONTRACTOR									11/16/2012	