

File Number: GSF-4060  
Permit Number: 01433-1 into GSF-4060  
Sub-Basin: GSRE  
(For OSE Use Only)

**NEW MEXICO OFFICE OF THE STATE ENGINEER  
PROOF OF COMPLETION OF WELL**

**1. OWNER OF WELL (PERMITTEE)**

Name: LAWRENCE R. WILSON Work Phone: 520-622-1377  
Contact: \_\_\_\_\_ Home Phone: 520-360-1055  
Address: P. O. BOX 681  
City: RESERVE State: NM Zip: 87830

**2. LOCATION OF WELL ((A, B, C, or D required, E or F if known))**

A. NW 1/4 NW 1/4 NW 1/4 Section: 24 Township: 7 S Range: 19 W N.M.P.M.  
in CATRON County

B. X = \_\_\_\_\_ feet, Y = \_\_\_\_\_ feet, N.M. Coordinate System  
\_\_\_\_\_ Zone in the \_\_\_\_\_ Grant  
U.S.G.S. Quad Map \_\_\_\_\_

C. Latitude: 33 d 41 m 10.34084 s Longitude: 108 d 45 m 52.42438 s

D. East \_\_\_\_\_ (m), North \_\_\_\_\_ (m), UTM Zone 13, NAD 83 (27 or 83)

E. Tract No. \_\_\_\_\_, Map No. \_\_\_\_\_ of the \_\_\_\_\_ Hydrographic Survey

F. Lot No. \_\_\_\_\_, Block No. \_\_\_\_\_ of Unit/Tract \_\_\_\_\_ of the  
\_\_\_\_\_ Subdivision recorded in \_\_\_\_\_ County.

G. Other: \_\_\_\_\_

H. Give State Engineer File Number if existing diversion: GSF-4060

I. On land owned by (required): APPLICANT

**3. WELL INFORMATION**

Depth of well 300 feet; Is well cased: YES ;  
Outside diameter of top casing (or hole if not cased) 5 inches;  
If artesian, is well equipped with gate valve: \_\_\_\_\_;  
Name of well driller and driller license number TROUT CREEK WD-1162;  
Date well completed: 5-7-2004 .

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STATE ENGINEER  
DEMING, NM

File Number: \_\_\_\_\_  
Form: wr-11

Trn Number: \_\_\_\_\_

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**4. PUMP TEST**

(To be supplied by person or firm making test)

Name and address of the person making the test: CHAPARRAL PINON LLC  
HCG2 BOX 663-C, APACHE CREEK, NM 87830

Date of test 7.2.10; Length of test 4 hours;  
Depth to water before test 14 feet (above or below) land surface;  
Depth to water after test 220 feet (above or below) land surface;  
Average discharge 8-10 GPM;  
Specific capacity of well 10.9 GPM per foot drawdown.

Please attach pump test data. 1 HP PUMP @ 10-12 GPM

**5. PERMANENT PUMP EQUIPMENT**

**A. DESCRIPTION OF PUMP**

Make: SQF-2 GRUNDS PUMP; Type: SUBMERSIBLE;  
Size of discharge: 1 inches;  
If turbine type, give size of column        inches;  
Diameter of bowls        inches; Number of bowls       ;  
Length of suction pipe        feet;  
Total length of column, bowls and suction pipe        feet;  
If centrifugal type, give size of pump        inches;  
Rated capacity of pump, if known        GPM; At        rev. per min.,  
From a depth of 14 feet.

**B. DESCRIPTION OF POWER PLANT**

Make, type, horsepower, etc., of power plant: SOLAR POWER  
Type of drive connection to pump: DIRECT  
(direct, gearhead, or belt)

**C. DISCHARGE OF PUMP**

Actual discharge of pump 10 GPM, at        rev. per min.,  
From a depth of 220 feet; Date of test 7.2.10.

**6. DESCRIPTION OF STORAGE RESERVOIR**

Length        feet; Width        feet; Average depth        feet.

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**ACKNOWLEDGEMENT FOR NATURAL PERSONS**

(I, ~~We~~) LAWRENCE WILSON affirm that the  
(Please Print)  
foregoing statements are true to the best of (my, our) knowledge and belief.


  
Permittee Signature

Permittee Signature

**STATEMENT OF THE STATE ENGINEER'S REPRESENTATIVE**

Well record filed: 06/16/2004 Field Check: 09/24/2010  
(mm/dd/year) (mm/dd/year)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: Adrain L. Manning 

Title: Water Resource Specialist-Senior

Date: February 24, 2011

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STATE ENGINEER  
DEMING, NM



STATE OF NEW MEXICO

OFFICE OF THE STATE ENGINEER

DEMING

JOHN R. D'ANTONIO, JR., P.E.  
State Engineer

February 24, 2011

Post Office Box 844  
Deming, New Mexico 88031  
(505) 546-2851  
(505) 546-7452  
Fax: (505) 546-2290

FILE: GSF-4060

Lawrence R. Wilson  
P.O. Box 681  
Reserve, New Mexico 87830

Greetings:

Enclosed is your copy of Proof of Completion of Well under Permit to Change Point of Diversion and Place and Purpose of Use 01433(1) into GSF-4060, which has been accepted for filing.

Sincerely,

Charles L. Jackson, MPA  
District 3 Manager

By: *Adrain L. Manning*  
Adrain L. Manning  
Gila-San Francisco Basin Manager

ALM:ps  
Encl: Proof Completion of Well  
cc: State Engineer  
042a

A handwritten signature, likely of the State Engineer, written in dark ink.