

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 APR 27 2010 WATER RESOURCES STATE ENGINEER COLO																																																																																																																																																																								
1. WELL PERMIT NUMBER: 182797-A		RECEIVED APR 27 2010 WATER RESOURCES STATE ENGINEER COLO																																																																																																																																																																								
2. WELL OWNER INFORMATION NAME OF WELL OWNER: MIRIAM F JEBE																																																																																																																																																																										
MAILING ADDRESS: 7407 KORTZ TR																																																																																																																																																																										
CITY: SALIDA STATE: CO ZIP CODE: 81201 TELEPHONE NUMBER: () -																																																																																																																																																																										
3. WELL LOCATION AS DRILLED: NW1/4, NE1/4, Sec. 31, Twp. 50 ☒ N or ☐ S, Range 9 ☒ E or ☐ W DISTANCES FROM SEC. LINES: _____ ft. from ☐ N or ☐ S section line and _____ ft. from ☐ E or ☐ W section line. SUBDIVISION: _____, LOT _____, BLOCK _____, FILING (UNIT) _____ Optional GPS Location: GPS Unit must use the following settings: Format must be UTM , Units must be meters , Datum must be NAD83 , Unit must be set to true N , ☐ Zone 12 or ☒ Zone 13 Owner's Well Designation: _____ Easting: 411711 STREET ADDRESS AT WELL LOCATION: _____ Northing: 4267099																																																																																																																																																																										
4. GROUND SURFACE ELEVATION 7100 _____ feet DATE COMPLETED 3-11-10 TOTAL DEPTH 100 _____ feet		DRILLING METHOD AIR PERCUSSION DEPTH COMPLETED 100 _____ feet																																																																																																																																																																								
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TESTING METHOD AIR Static Level 45 _____ ft. Date/Time measured: 3-11-10 1PM _____, Production Rate 40 _____ gpm. Pumping Level 100 _____ ft. Date/Time measured 3-11-10 2PM _____, Test Length (hrs) 1 _____ Remarks:																																																																																																																																																																										
13. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed and certified in accordance with Rule 17.4 of the 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 \$5000 and/or revocation of the contracting license.]																																																																																																																																																																										
Company Name: AMERICAN DRILLING SERVICE	Phone: (719)942-3568	License Number: 1280																																																																																																																																																																								
Mailing Address: 9934 HWY 50 HOWARD, CO 81233																																																																																																																																																																										
Signature:	Print Name and Title BRADFORD DEWBERRY - PRESIDENT	Date 4/8/2010																																																																																																																																																																								