

WELL CONSTRUCTION AND TEST REPORT
 STATE OF COLORADO, OFFICE OF THE STATE ENGINEER
 1313 Sherman St., Rm 818, Denver, CO 80203

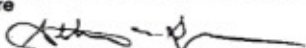
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WATER RESOURCES
STATE ENGINEER
COLD

Rec # 0466994

1. WELL PERMIT NUMBER <u>229556</u>			
2. OWNER NAME(S) <u>KENNETH TARBETT</u> Mailing Address <u>P.O. BOX 487</u> City, St. Zip <u>WELLINGTON, CO. 80549</u> Phone (970) <u>288-0126</u>			
3. WELL LOCATION AS DRILLED: <u>NE 1/4 SE 1/4, Sec. 32 Twp. 10 N, Range 67 W</u> DISTANCES FROM SEC. LINES: <u>1980</u> ft. from <u>SOUTH</u> Sec. line. and <u>660</u> ft. from <u>EAST</u> Sec. line. OR (north or south) (east or west) SUBDIVISION: <u>LOT</u> <u>BLOCK</u> <u>FILING(UNIT)</u> STREET ADDRESS AT WELL LOCATION:			
4. GROUND SURFACE ELEVATION _____ ft. DRILLING METHOD <u>AIR PERCUSSION</u> DATE COMPLETED <u>7/12/01</u> TOTAL DEPTH <u>620</u> ft. DEPTH COMPLETED <u>620</u> ft.			
5. GEOLOGIC LOG: Depth Description of Material (Type, Size, Color, Water Location)		6. HOLE DIAM. (in.) From (ft) To (ft)	
<u>0-33 SAND, GRAVEL & CLAYS SOFT</u>		<u>10 0 40</u>	
<u>33-75 BLACK SHALE MED</u>		<u>6 40 620</u>	
<u>75-80 BROWN SANDSTONE MED</u>			
<u>75-245 BLACK SHALE MED</u>		7. PLAIN CASING	
<u>245-260 BROWN SAND MED</u>		OD (in) Kind Wall Size From(ft) To(ft)	
<u>260-440 BLACK SHALE MED</u>		<u>6 5/8 STEEL .188 0 40</u>	
<u>440-450 GRAY SANDSTONE MED XX</u>		<u>4 1/2 PVC .250 10 440</u>	
<u>450-495 GRAY SANDSTONE HARD</u>		<u>.250 460 520</u>	
<u>495-570 BLACK SHALE MED</u>		<u>.250 560 620</u>	
<u>570-595 GRAY SAND MED</u>		PERF. CASING: Screen Slot Size: <u>.030</u>	
<u>595-620 BLACK SHALE MED</u>		<u>4 1/2 PVC .250 440 460</u>	
		<u>.250 520 560</u>	
The testing of production of water from this well, as reflected by this report, is totally dependent upon conditions existing as of the date of testing and does not reflect any projection as to future production. This is dependent on future conditions.		8. FILTER PACK: Material _____ Size _____ Interval _____	
REMARKS:		9. PACKER PLACEMENT: Type <u>FORMATION</u> Depth <u>120' / 300'</u>	
		10. GROUTING RECORD: Material Amount Density Interval Placement <u>NEAL CEMENT 8 BGS 48 GAL 40FT MIXED & PRD VIB</u>	
11. DISINFECTION: Type <u>DRY HTH</u> Amt. Used <u>3 CUPS</u>			
12. WELL TEST DATA: <input type="checkbox"/> Check box if Test Data is submitted on Form No. GWS 39 Supplemental Well Test. TESTING METHOD <u>AIR LIFT</u> Static Level <u>360</u> ft. Date/Time measured <u>7/12/01</u> Production Rate <u>30</u> gpm. Pumping level <u>620</u> ft. Date/Time measured <u>7/12/01</u> Test length (hrs.) <u>2</u> Remarks _____			
13. I have read the statements made herein and know the contents thereof, and that they are true to my knowledge. [Pursuant to Section 24-4-104 (13) (a) C.R.S., the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.]			
CONTRACTOR <u>INGRAM DRILLING, INC.</u> Phone <u>(970) 586-4542</u> Lic. No. <u>1099</u> Mailing Address <u>P.O. BOX 342 ESTES PARK, CO. 80517</u>			
Name/Title (Please type or print) <u>STEPHEN E. INGRAM PRES.</u>		Signature 	Date <u>7/20/01</u>