For Office Hee 2014 ED WELL CONSTRUCTION AND TEST REPORT FORM NO. STATE OF COLORADO, OFFICE OF THE STATE ENGINEER **GWS-31** 1313 Sherman St., Room 818, Denver, CO 80203 04/2005 Phone - Info (303) 866-3587 Main (303) 866-3581 JAN 03 2007 Fax (303) 866-3589 http://www.water.state.co.us WATER RESOURCES STATE ENGINEER COLO MH-047222 WELL PERMIT NUMBER: P-2007-015 2. WELL OWNER INFORMATION NAME OF WELL OWNER: Powertech (USA) inc. MAILING ADDRESS: 6200 S Troy Circle, Suite 150 CITY: Centennial ZIP CODE: 80111 STATE: CO TELEPHONE NUMBER: (303) 790-7528 3. WELL LOCATION AS DRILLED: SE1/4, NE1/4, ☑ N or ☐ S, Range 67 □ E or □ W Sec. 33, Twp. <u>10</u> DISTANCES FROM SEC. LINES: 2500 ft. from ⊠ N or □ S section line and 1800 ft. from □ E or ⊠ W section line. SUBDIVISION: _____, LOT ____, BLOCK _ ___, FILING (UNIT) Owner's Well Designation: IS-3T Optional GPS Location: GPS Unit must use the following settings: Format must be UTM, Units Easting: 2168585.957 must be meters, Datum must be NAD83, Unit must be set to true N, Zone 12 or Zone 13 STREET ADDRESS AT WELL LOCATION: North of Weld CR 110 and west of CR 19 Northing: 531560.671 4. GROUND SURFACE ELEVATION 5539.311 feet DRILLING METHOD Air rotary DATE COMPLETED 9/07/07 **TOTAL DEPTH 495 DEPTH COMPLETED 495** feet 5. GEOLOGIC LOG: 6. HOLE DIAM (in.) From (ft) To (ft) Depth Type Grain Size Color Water Loc. 10" 0 40 Mudstone Clav Gray 7-7/8" 40 495 122 Sandstone Sand Gray 175 Mudstone Clay Gray 10 gpm 7. PLAIN CASING: 340 Mudstone Clay Gray OD (in) Kind Wall Size (in) From (ft) To (ft) 495 Sandstone Sand Gray Sch 80 0.337 495 Mudstone Sand Mulit 35 gpm PERFORATED CASING: Screen Slot Size (in): 0.020 Sch 80 0.337 8. FILTER PACK: 9. PACKER PLACEMENT: Material Sand Type N/A Size 8-12 Interval 455'-495' Depth N/A GROUTING RECORD Material Amount Density Interval Placement 10.2 Remarks: *Grout consists of Wyo-Ben Environplug -109 ft3 *Grout 0 - 455' Pumped **Bent 1 ft3 10.2 452'-455' Tremie **Bentonite 1/4" time release pellets above sand 11. DISINFECTION: Type Amt. Used 12. WELL TEST DATA: Check box if Test Data is submitted on Form Number GWS 39 Supplemental Well Test. **TESTING METHOD** Static Level 274.89 ft. Date/Time measured: , Production Rate gpm. Pumping Level _____ ft. Date/Time measured Test Length (hrs) 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: License Number: Phone: Ingram Drilling, INC. (800)410-4542 1099 Mailing Address: P.O. Box 342, Estes Park, Colorado 80517

Print Name and Title

Stephen E. Ingram Pres

Date 2 / 1 0 / 0 7

Signature: