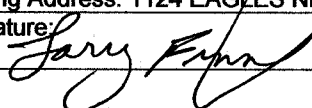


FORM NO. GWS-31 04/2005	WELL CONSTRUCTION AND TEST REPORT STATE OF COLORADO, OFFICE OF THE STATE ENGINEER 1313 Sherman St., Room 818, Denver, CO 80203 Phone - Info (303) 866-3587 Main (303) 866-3581 Fax (303) 866-3589 http://www.water.state.co.us	For Office Use Only <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 18 2010 WATER RESOURCES STATE ENGINEER COLO </div>																									
1. WELL PERMIT NUMBER: 68210 <input checked="" type="checkbox"/>																											
2. WELL OWNER INFORMATION NAME OF WELL OWNER: BRYAN BATCHELOR MAILING ADDRESS: 174 SUGER LOAF CIR. CITY: SILVERCLIFF STATE: CO ZIP CODE: 81252 TELEPHONE NUMBER: (719) 275-9525																											
3. WELL LOCATION AS DRILLED: SW1/4, NE1/4, Sec. 18, Twp. 22 <input type="checkbox"/> N or <input checked="" type="checkbox"/> S, Range 71 <input type="checkbox"/> E or <input checked="" type="checkbox"/> W DISTANCES FROM SEC. LINES: 2160 ft. from <input checked="" type="checkbox"/> N or <input type="checkbox"/> S section line and 2160 ft. from <input checked="" type="checkbox"/> E or <input type="checkbox"/> W section line. SUBDIVISION: CUERNO VERDE PINES, LOT 18, BLOCK 12, FILING (UNIT) 4 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, <input type="checkbox"/> Zone 12 or <input checked="" type="checkbox"/> Zone 13 STREET ADDRESS AT WELL LOCATION: _____ Northing: _____																											
4. GROUND SURFACE ELEVATION _____ feet DRILLING METHOD AIR DATE COMPLETED 3-18-10 TOTAL DEPTH 400 feet DEPTH COMPLETED 400 feet																											
5. GEOLOGIC LOG: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Depth</th> <th>Type</th> <th>Grain Size</th> <th>Color</th> <th>Water Loc.</th> </tr> </thead> <tbody> <tr> <td>0-290</td> <td>GRANITE</td> <td></td> <td>GRAY</td> <td></td> </tr> <tr> <td>290-301</td> <td>GRANITE</td> <td></td> <td>PINK</td> <td></td> </tr> <tr> <td>301-400</td> <td>GRANITE</td> <td></td> <td>GRAY</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>330</td> </tr> </tbody> </table>			Depth	Type	Grain Size	Color	Water Loc.	0-290	GRANITE		GRAY		290-301	GRANITE		PINK		301-400	GRANITE		GRAY						330
Depth	Type	Grain Size	Color	Water Loc.																							
0-290	GRANITE		GRAY																								
290-301	GRANITE		PINK																								
301-400	GRANITE		GRAY																								
				330																							
6. HOLE DIAM (in.) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From (ft)</th> <th>To (ft)</th> </tr> </thead> <tbody> <tr> <td>9</td> <td>0</td> <td>39</td> </tr> <tr> <td>6 1/8</td> <td>39</td> <td>400</td> </tr> </tbody> </table>				From (ft)	To (ft)	9	0	39	6 1/8	39	400																
	From (ft)	To (ft)																									
9	0	39																									
6 1/8	39	400																									
7. PLAIN CASING: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OD (in)</th> <th>Kind</th> <th>Wall Size (in)</th> <th>From (ft)</th> <th>To (ft)</th> </tr> </thead> <tbody> <tr> <td>6 5/8</td> <td>STEEL</td> <td>.188</td> <td>1</td> <td>39</td> </tr> <tr> <td>4 1/2</td> <td>PVC</td> <td>SCV410</td> <td>-20</td> <td>320</td> </tr> </tbody> </table>			OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)	6 5/8	STEEL	.188	1	39	4 1/2	PVC	SCV410	-20	320										
OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)																							
6 5/8	STEEL	.188	1	39																							
4 1/2	PVC	SCV410	-20	320																							
PERFORATED CASING: Screen Slot Size (in): 4 1/2 PVC SCV40 320 400																											
8. FILTER PACK: Material _____ Size _____ Interval _____																											
9. PACKER PLACEMENT: Type _____ Depth _____																											
10. GROUTING RECORD <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Material</th> <th>Amount</th> <th>Density</th> <th>Interval</th> <th>Placement</th> </tr> </thead> <tbody> <tr> <td>CEMENT</td> <td>6BAGS</td> <td>6-1</td> <td>0-39</td> <td>POURED</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>VIBRATED</td> </tr> </tbody> </table>			Material	Amount	Density	Interval	Placement	CEMENT	6BAGS	6-1	0-39	POURED					VIBRATED										
Material	Amount	Density	Interval	Placement																							
CEMENT	6BAGS	6-1	0-39	POURED																							
				VIBRATED																							
Remarks: _____																											
11. DISINFECTION: Type CHLOROX Amt. Used 10 CUPS																											
12. WELL TEST DATA: <input type="checkbox"/> Check box if Test Data is submitted on Form Number GWS 39 Supplemental Well Test.																											
TESTING METHOD AIR Static Level 200 ft. Date/Time measured: 3-18-10 Production Rate 8 gpm. Pumping Level _____ ft. Date/Time measured _____ Test Length (hrs) 2																											
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: FINNEY DRILLING	Phone: (719)275-9525	License Number: 1358																									
Mailing Address: 1124 EAGLES NEST CT.																											
Signature: 	Print Name and Title LARRY FINNEY OWNER	Date 6-2-10																									