



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

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2015 FEB -4 AM 11:25

1. GENERAL AND WELL LOCATION	OSE POD NUMBER (WELL NUMBER)			OSE FILE NUMBER(S) E 10010		
	WELL OWNER NAME(S) James A. Ayers			PHONE (OPTIONAL) (505) 384-4128		
	WELL OWNER MAILING ADDRESS P.O. Box 232			CITY STATE ZIP Estancia NM 87016		
	WELL LOCATION (FROM OPS)	DEGREES LATITUDE 34	MINUTES 39	SECONDS 41.2 N	* ACCURACY REQUIRED: ONE TENTH OF A SECOND * DATUM REQUIRED: WGS 84	
LONGITUDE 106 08 20.8 W						
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS						

2. DRILLING & CASING INFORMATION	LICENSE NUMBER WD1624	NAME OF LICENSED DRILLER James Collins / James Solomon			NAME OF WELL DRILLING COMPANY Aqua Pump & Drilling			
	DRILLING STARTED 12-16-14	DRILLING ENDED 12-17-14	DEPTH OF COMPLETED WELL (FT) 230'	BORE HOLE DEPTH (FT) 240'	DEPTH WATER FIRST ENCOUNTERED (FT) 145'			
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input checked="" type="checkbox"/> SHALLOW (UNCONFINED)				STATIC WATER LEVEL IN COMPLETED WELL (FT) 140'			
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input checked="" type="checkbox"/> ADDITIVES - SPECIFY: Foam							
	DRILLING METHOD: <input checked="" type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:							
	DEPTH (feet bgl)		BORE HOLE DIAM (inches)	CASING MATERIAL AND/OR GRADE (include each casing string, and note sections of screen)	CASING CONNECTION TYPE	CASINO INSIDE DIAM. (inches)	CASING WALL THICKNESS (inches)	SLOT SIZE (inches)
	FROM	TO						
230	220	6 1/2"	sch 40	Certuloc	4 1/2	.250	.0625	
220	200						.032	
200	180						.032	
180	160						.032	
160	0	7 7/8"						

3. ANNULAR MATERIAL	DEPTH (feet bgl)		BORE HOLE DIAM. (inches)	LIST ANNULAR SEAL MATERIAL AND GRAVEL PACK SIZE-RANGE BY INTERVAL	AMOUNT (cubic feet)	METHOD OF PLACEMENT
	FROM	TO				
	230	20	6 1/2"	3/8" pea gravel	81	surface pour
	20	0	7 7/8"	3/8" Bentonite Halopleg chips	5	surface pour

FOR OSE INTERNAL USE

FILE NUMBER	E 10010	POD NUMBER		WR-20 WELL RECORD & LOG (Version 06/08/2012)
LOCATION	Non Grant S18, T5N, R9E	TRN NUMBER	559406	
				PAGE 1 OF 2

X=11073754 Y=1332131

DEPTH (feet bgl)		THICKNESS (feet)	COLOR AND TYPE OF MATERIAL ENCOUNTERED - INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES (attach supplemental sheets to fully describe all units)	WATER BEARING? (YES / NO)	ESTIMATED YIELD FOR WATER-BEARING ZONES (gpm)
FROM	TO				
0	96	96	Brown clay w/ some gravel	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
96	97	1	Grey Cobbles	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
97	105	8	Brown clay	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
105	165	60	Grey Cobbles & gravel	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	10
165	225	60	Brown clay w/ layers of Multicolor	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	9
225	240	15	Brown red clay rock mix gravel	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
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				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	

METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA: PUMP AIR LIFT BAILER OTHER - SPECIFY: _____

TOTAL ESTIMATED WELL YIELD (gpm): 19 gpm

WELL TEST TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING DISCHARGE METHOD, START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.

MISCELLANEOUS INFORMATION:

PRINT NAME(S) OF DRILL RIG SUPERVISOR(S) THAT PROVIDED ONSITE SUPERVISION OF WELL CONSTRUCTION OTHER THAN LICENSEE:
James Collins

THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING:

James Collins James Collins 1-20-15
SIGNATURE OF DRILLER / PRINT SIGNEE NAME DATE

FOR USE INTERNAL USE		WR-20 WELL RECORD & LOG (Version 06/03/2012)		
FILE NUMBER	E 10010	POD NUMBER	1	
LOCATION	Non Grant 318, T5N, R8E X=1673754 Y=1332131		TRN NUMBER	559406
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