

**ARIZONA DEPARTMENT OF WATER RESOURCES
WATER MANAGEMENT SUPPORT SECTION**

3550 N. Central Avenue
Phoenix, Arizona 85012

ABANDON

THIS AUTHORIZATION SHALL BE IN POSSESSION OF THE DRILLER DURING ALL DRILL OPERATIONS

WELL REGISTRATION NO: 55-086914

AUTHORIZED DRILLER: FRAZEE WATER WELL DRILLING LICENSE NO: 717

NOTICE OF INTENTION TO ABANDON AN EXEMPT WELL(S) HAS BEEN FILED WITH THE DEPARTMENT BY:

WELL OWNER: MBH INVESTMENTS 42210 N 10TH ST PHOENIX, AZ 85086

THE WELL(S) IS/ARE TO BE LOCATED IN THE:

NW ¼ OF THE NW ¼ OF THE NW ¼ SECTION 16 TOWNSHIP 6 NORTH RANGE 3 EAST

NO. OF WELLS IN THIS PROJECT: 1

ASSESSOR PARCEL NO: 211-70-022B

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 15TH DAY OF NOVEMBER, 2007

WATER MANAGEMENT SUPPORT

**THE DRILLER MUST FILE A WELL ABANDONMENT
COMPLETION REPORT WITHIN 30 DAYS OF ABANDONMENT**



ARIZONA DEPARTMENT OF WATER RESOURCES

3550 N. Central Avenue, Phoenix, Arizona 85012

Telephone (602) 771-8500

Fax (602) 771-8691

November 27, 2006



Janet Napolitano
Governor

Herbert R. Guenther
Director

MBH INVESTMENTS
42210 N 10TH ST
PHOENIX, AZ 85086

Registration No. 55-086914

File No. A(6-3) 16 BBB

Dear Applicant:

Enclosed is a copy of the Notice of Intent (NOI) to Abandon a Well. This NOI, which was recently filed with this Department is being returned to you as evidence of your compliance with ARS § 45-594; R12-15-816. The enclosed Well Owners Notification of Abandonment is to be submitted when the well has been properly abandoned. The well abandonment card and Abandonment Completion Report forms have been sent to your driller. He may not begin abandonment until he has received the well abandonment card. If you change drillers, you must supply this Department with the new driller's identity. Well abandonments shall be performed only by a licensed well drilling contractor or single well licensee.

ARS §45-594; R12-15-816(K) requires the registered well owner to submit a Well Owners Notification of Abandonment form within thirty (30) days after the abandonment of the well. It also requires the driller to furnish this Department a complete and accurate Well Abandonment Report within thirty (30) days after completion of abandonment. You should insist, and ensure, that both of these are done.

Sincerely,

A handwritten signature in black ink, appearing to read "Danita Haywood".

Danita Haywood
NOI Unit
Water Management Support Section

Enclosures

* need change of ownership p Rwd 11/17/06 031



Arizona Department of Water Resources
Water Management Support Section
P.O. Box 458 - Phoenix, Arizona 85001-0458
(802) 771-8500 - (800) 352-8488
www.azwater.gov

Notice of Intent to Abandon a Well

NO FEE

- Review instructions and the Well Abandonment Handbook prior to completing form with black or blue ink.
- You must include with your Notice:
 - Well construction diagram showing all existing well construction features listed in Section 5 and the proposed abandonment specifications listed in Section 6.

AMA/TRA PHX	B 4	SB 4	FILE NUMBER A(6-3)16B3B3
RECEIVED 11-16-06	DATE 11-27-06	WS 4	WELL REGISTRATION NUMBER 55086914
ISSUED 11-27-06	DATE 11-27-06	WQART 4	CERCLA

** PLEASE PRINT CLEARLY **

SECTION 1. REGISTRY INFORMATION		Location of Well					
Well Type CHECK ONE		WELL LOCATION ADDRESS (IF ANY)					
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Stock <input type="checkbox"/> Irrigation <input type="checkbox"/> Municipal <input type="checkbox"/> Monitor / Piezometer <input type="checkbox"/> Geotechnical <input type="checkbox"/> Mineral Exploration <input type="checkbox"/> Other (please specify):		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
ORIGINAL WELL OWNER (IF KNOWN) CHESTER SHORT		6N	3E	16	NW 1/4	NW 1/4	NW 1/4
ORIGINAL WELL DRILLING FIRM (IF KNOWN) Cambell		DRILL DATE (IF KNOWN) 2-25-81	COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL		COUNTY WHERE WELL IS LOCATED		
			211	70	022B	MARILUPE ✓	
			LATITUDE			LONGITUDE	
			Degree	Minutes	Seconds	Degree	Minutes
			METHOD OF LATITUDE			METHOD OF LONGITUDE (CHECK ONE)	
						<input type="checkbox"/> *GPS: Hand-Held	
						<input type="checkbox"/> *GPS: Survey-Grade	
						<input type="checkbox"/> *GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)	
						<input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):	

SECTION 2. OWNER INFORMATION		Landowner (if different from Well Owner)	
Well Owner		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL MBH INVESTMENTS LLC		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
MAILING ADDRESS 42210 N 10th St		MAILING ADDRESS	
CITY / STATE / ZIP CODE PHX AZ 85086		CITY / STATE / ZIP CODE	
CONTACT PERSON NAME AND TITLE Mike Ellis / owner		CONTACT PERSON NAME AND TITLE	
TELEPHONE NUMBER 623 412-9328		TELEPHONE NUMBER	FAX
FAX (623) 412-1283			

SECTION 3. ABANDONMENT AUTHORIZATION			
Drilling Firm		Consultant (if applicable)	
NAME FRAZEE WATER WELL DRILLING LLC		CONSULTING FIRM	
DWR LICENSE NUMBER 717	ROC LICENSE CATEGORY K.53 ✓	CONTACT PERSON NAME	
TELEPHONE NUMBER 623-465-5511	FAX 623-465-9505	TELEPHONE NUMBER	FAX
E-MAIL ADDRESS			

SECTION 4.			
Questions	Yes	No	If Yes:
1. To your knowledge, is there any information that exists which indicates that the water in this well has been, may be, or is contaminated?		✓	EXPLAIN (ATTACH ADDITIONAL PAGE IF NECESSARY)
2. Is there another well name or identification number associated with this well? (e.g., Lot 3 Well, MW-1, etc.)			PLEASE STATE FOUND 2 WELLS 1 BEING REGISTERED SOUTH ON PROPERTY
3. Was the well casing video logged?			
4. Why is the well being abandoned?			DEVELOPMENT - FOUND IN CENTER OF PROPERTY - DRY

RECEIVED
NOV 16 2006
WATER

Notice of Intent to Abandon a Well

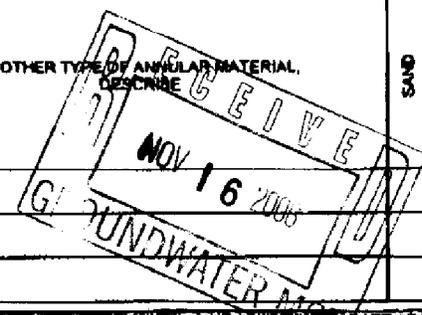
WELL REGISTRATION NUMBER
55 -

Provide a well construction diagram showing all existing well construction features listed in Section 5 and the proposed abandonment specifications listed in Section 6.

Existing Casings			Existing Casings (to the best of your knowledge)													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (Inches)	DEPTH FROM SURFACE		OUTER DIAMETER (Inches)	MATERIAL TYPE (T)				PERFORATION TYPE (T)				SLOT SIZE IF ANY (Inches)		
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE		SLOTTED	IF OTHER TYPE, DESCRIBE
0	200	12?	0	20	8 1/2"	X										
			0	6	5"		X									
			140	200	5"	X						X				

Condition of casing: Good Fair Poor

Existing Annular Material (to the best of your knowledge)												
DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (T)							FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
					GROUT	CHIPS	PELLETS					
0	20	X										



DATE ABANDONMENT IS TO BEGIN
Refer to ADWR's Well Abandonment Handbook for additional information.

Casing Treatment					Sealing or Fill Material																			
DEPTH FROM SURFACE		TREATMENT TYPE (T)			DEPTH FROM SURFACE		MATERIAL TYPE (T)							MIXING RATIO by (check one) <input type="checkbox"/> Weight <input type="checkbox"/> Volume	ESTIMATE VOLUME OF MATERIAL (cubic feet)									
FROM (feet)	TO (feet)	SONAR JET	BRUSH OR SCRAPE	MILLS KNIFE	CASING REMOVAL (as shown in Remarks)	IF OTHER TYPE, DESCRIBE OR IF CASING IS TO BE PERFORMED, DESCRIBE SPACING AND SIZE OF PERFORATIONS TO BE ADDED	FROM (feet)	TO (feet)	NEAT CEMENT	CONCRETE	SAND-CEMENT GROUT	CEMENT-BENTONITE GROUT	SAND-BENTONITE GROUT			HIGH SOLIDS BENTONITE	GROUT	CHIPS	PELLETS	SAND				
0	15-200				X		0	20				X												
							20	200					X											

50/ Cement concrete

Proposed Abandonment Method (See Well Abandonment Handbook) CHECK ONE <input checked="" type="checkbox"/> Standard Method <input type="checkbox"/> Alternative 1 <input type="checkbox"/> Alternative 2 <input type="checkbox"/> Alternative 3 <input type="checkbox"/> Alternative 4: <input type="checkbox"/> Variance Option 1 <input type="checkbox"/> Alternative 5: <input type="checkbox"/> Variance Option 1* * requires a letter requesting a variance <input type="checkbox"/> Variance Option 2*	Emplacement Method of Sealing or Fill Material CHECK ONE <input checked="" type="checkbox"/> Gravity <input type="checkbox"/> Pressure Grouting <input type="checkbox"/> Tremie Pumped <input type="checkbox"/> Other (please specify):
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

REMARKS
REMOVE SURFACE CASING 15' BELOW GROUND LEVEL. ATTEMPT TO PULL PVC 5'

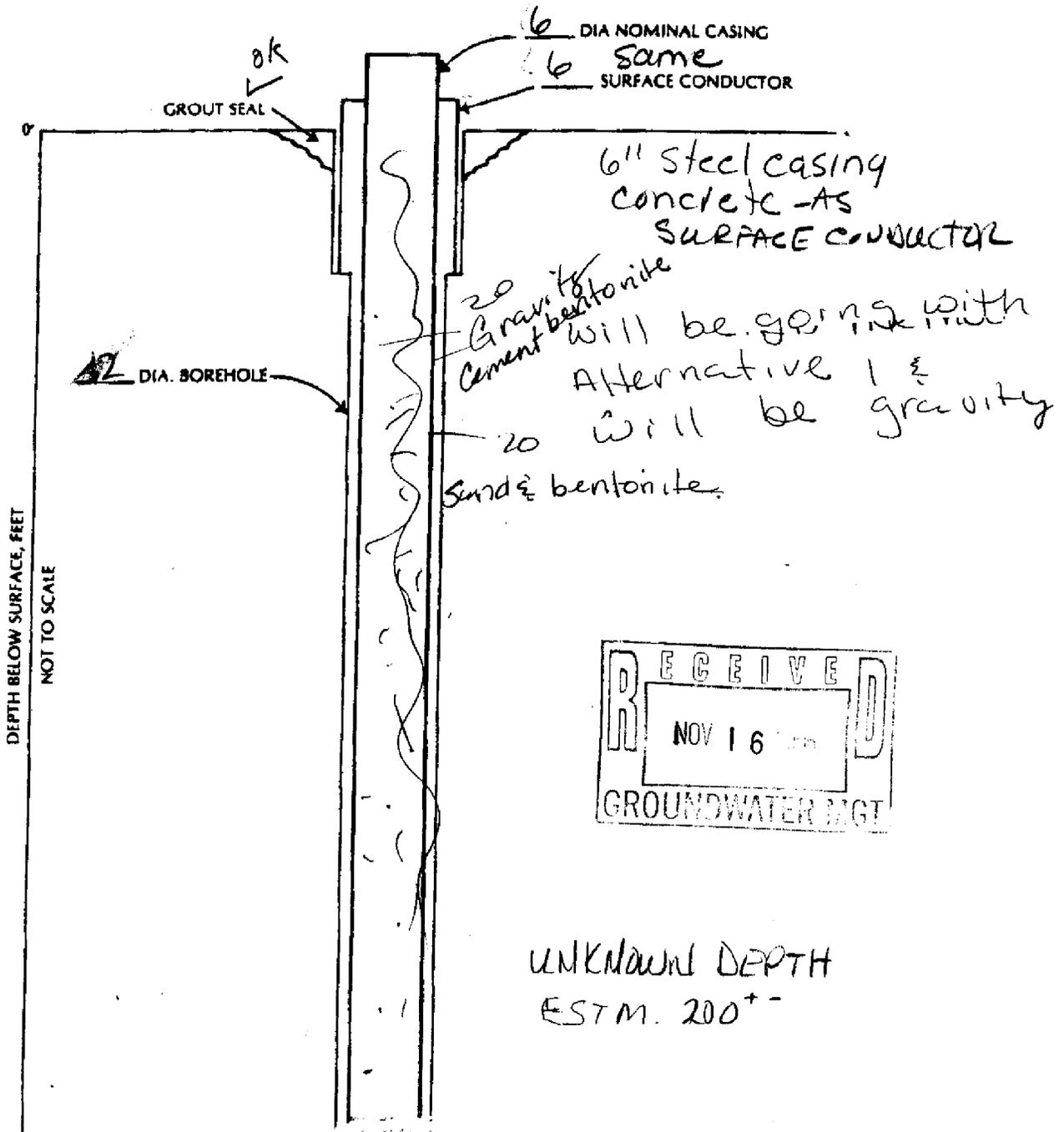
I state that this notice is filed in compliance with A.R.S. § 46-594 and A.A.C. R12-15-810 and is complete and correct to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE B.M. Ellis	SIGNATURE OF WELL OWNER <i>[Signature]</i>	DATE
TYPE OR PRINT NAME AND TITLE	SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS)	DATE

Per Driller will be using Alternative 1 & gravity 11/27/06 Q3T

55-86914
ABANDON

WELL CONSTRUCTION DETAIL AND LOG



RECEIVED
NOV 16
GROUNDWATER MGT

UNKNOWN DEPTH
ESTM. 200+-



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Property Information

[View GIS Maps](#)

Parcel #: 211-70-022-B

Subdivision Name:

MCR #:

Lot #:

Property Address:

Property Description: TH PT SW4 NE4 NW4 SEC 16 DAF COM NW COR SD SW4 TH E 40F TH S

356.17F TO TPOB TH E 145F TH S 303.41F TH W 145F TH N 304.07F TO TPOB

Section Township Range: 16 6N 3E **Associated Parcel:**

Owner Information

[View Tax Information](#)

Owner: MBH INVESTMENTS LLC

In Care Of:

Mailing Address: 1713 W POTTER DR
PHOENIX AZ 85027 USA

Deed #: 060025897

Sales Price: n/a

Deed Date: 1/6/2006

Sales Date: n/a

[View Comparables \(COMPS\)](#)

Tax Year:

2007

Full Cash Value (FCV):

\$102,500

Limited Property Value (LPV):

\$67,650

Notice: The values displayed on this page may not reflect constitutional or statutory adjustments.

Legal Class:

2

Assessment Ratio:

16.0%

Assessed FCV:

\$16,400

Assessed LPV:

\$10,824

Property Use Code:

0014

Tax Area Code:

970007

Additional Component Information (for this parcel)

[Valuation](#) [Characteristics](#)

New Search

Helpful Information:

[recorder](#) [glossary](#) [forms](#)

Disclaimer

The data contained in this database is deemed reliable but not guaranteed. This information should be used for informational use only and does not constitute a legal document for the description of these properties. Every effort has been made to insure the accuracy of this data; however, this material may be slightly dated which would have an impact on its accuracy. The Maricopa County Assessor's Office disclaims any responsibility or liability for any direct or indirect damages resulting from the use of this data.

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Maricopa County || 301 W. Jefferson St. || Phoenix, AZ 85003
602-506-3011



Arizona Department of Water Resources
 Water Management Support Section
 P.O. Box 458 • Phoenix, Arizona 85001-0458
 (602) 771-8500 • (800) 352-8488
 www.azwater.gov

Request to Change Well Information

- ❖ Review instructions prior to completing form in black or blue ink.
 - ❖ You must include with your Notice:
 - check or money order for any required fee(s)
 - ❖ Authority for fee: A.A.C. R12-15-151(B)(4)(a), A.R.S. § 45-113(B)
- ** PLEASE PRINT CLEARLY ****

FILE NUMBER A(6-3)16BBB
WELL REGISTRATION NUMBER 55-086914

SECTION 1: REGISTRY INFORMATION

Well Owner		Location of Well					
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		WELL LOCATION ADDRESS (IF ANY)					
MAILING ADDRESS		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
CITY / STATE / ZIP CODE		LATITUDE			LONGITUDE		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
CONTACT PERSON NAME AND TITLE		METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held					
TELEPHONE NUMBER		<input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade					
FAX		*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)					
		<input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):					
		COUNTY ASSESSOR'S PARCEL ID NUMBER				COUNTY WHERE WELL IS LOCATED	
		BOOK	MAP	PARCEL			

Type of Request (CHECK ONE)

- Change of Well Drilling Contractor (Fill out Section 2)
 Change of Well Ownership (Fill out Section 3)
 Change of Well Information (location, use, etc.) (Fill out Section 4)

SECTION 2: REQUEST TO CHANGE WELL DRILLING CONTRACTOR (\$10 Fee Required) \$10 FEE

- ♦ If drilling or abandoning a well, the Department must receive this request and issue authorization to the new drilling firm prior to the commencement of well drilling or abandonment.

Current Well Drilling Contractor		New Well Drilling Contractor	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
DWR LICENSE NUMBER		DWR LICENSE NUMBER	ROC LICENSE CATEGORY
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX

SECTION 3: STATEMENT OF CHANGE OF WELL OWNERSHIP (\$10 Fee Required) \$10 FEE

- ♦ If this change pertains to more than one well and the names are the same, only one \$10 fee is required.

Previous Well Owner		New Well Owner	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
MAILING ADDRESS		MAILING ADDRESS	
CITY / STATE / ZIP CODE		CITY / STATE / ZIP CODE	
CONTACT PERSON NAME AND TITLE		CONTACT PERSON NAME AND TITLE	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX

SECTION 4: CHANGE OF WELL INFORMATION (No Fee Required) NO FEE

NOTE: Applies only to wells that have already been drilled. For proposed wells, an amended Notice of Intent to Drill a Well must be filed.
 EXPLAIN

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.	
TYPE OR PRINT NAME AND TITLE	SIGNATURE OF WELL OWNER
Katie Kane (Contact)	Katie Kane
	DATE

CHECK DEPOSIT REQUEST

ARIZONA DEPARTMENT OF WATER RESOURCES

NOTICE OF INTENT

Well No(s). (IF KNOWN):
55- 086914

Date Submitted:	11/17/06	Check No.:	1461
Submitted by:	M. B. H. Investments	Check Amount:	10 ⁰⁰
Applicant:	"	Name on Check: (IF DIFFERENT THAN APPLICANT)	
Received By:	Danita H.	Prior Amount Paid: (FEES ALREADY RECEIVED FOR THIS NOI)	

Code	Type of Application	Quantity	Fee (PER WELL UNLESS OTHERWISE NOTED)	Current Payment	Fees Owed
4439-06	Exempt Wells Outside AMAs to be used for Domestic Purposes Only.		\$100.00	\$	\$
	Exempt Wells Inside AMAs and ALL Exempt Wells Not to be Used for Domestic Purposes.		\$150.00	\$	\$
	Non-exempt Wells Outside AMAs.		\$150.00	\$	\$
	Mineral Exploration or Geotechnical.		\$150.00/per land section	\$	\$
	Cathodic Protection, Heat Pump, Grounding, Monitor, Piezometer, Air Sparging Soil Vapor Extraction, Non-recharge Vadose Zone or Injection Wells.		\$150.00	\$	\$
4439-11	Late Registration of an Exempt Well (not used for Irrigation inside an AMA).		\$10.00	\$	\$
	Late Registration of a Non-exempt well outside an AMA.		\$20.00	\$	\$
4439-08	Request to Change Well Information (Change of Well Driller).		\$10.00	\$	\$
4439-12	Request to Change Well Information (Change of Ownership).		\$10.00*	\$ 10 ⁻	\$ 10
*CHANGING TO MORE THAN 1 WELL WHERE NAMES TO BE CHANGED ARE ALL THE SAME, ONE \$10.00 FEE TOTAL FOR THOSE WELLS, OTHERWISE, CHANGE OF OWNERSHIP IS \$10.00/WELL.					
Well Driller Licensing					
NOTE: PLEASE NOTE DRILLER'S NAME & LICENSE # (IF KNOWN) IN COMMENTS.					
4420-01	Regular Well License.		\$50.00	\$	\$
4420-02	Well Driller License Renewal.		\$10.00	\$	\$
4420-03	Well Driller License Reactivation (MUST BE WITHIN 1 YEAR OF LICENSE EXPIRATION DATE).		\$20.00	\$	\$

Comments:

Total Paid*:	\$ 10 ⁻	Debt Owed:	\$
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*IF FEES HAVE BEEN PAID PREVIOUSLY FOR THIS NOI, INCLUDE THAT AMOUNT.

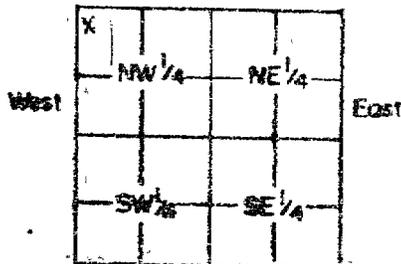
FILING FEE: \$3.00

DEPARTMENT OF WATER RESOURCES
NOTICE OF INTENTION TO DRILL OR DEEPEN
AN EXEMPT WELL

LAND WELL

Section 45-596, Arizona Revised Statutes, provides: A person may not drill or cause to be drilled any well or deepen or replace an existing well without first filing a Notice of Intention to Drill with the Department on a form prescribed and furnished by the Department. The well shall be completed within one year after the date of Notice. An exempt well means a well having a pump with a maximum design capacity of not more than 35 gallons per minute which is used to withdraw groundwater. An exempt well may include the non-commercial irrigation of not more than 1 acre of land.

North



- Indicate Well Location by X
(Above diagram represents one 360 acre section)

DESCRIPTION OF WELL:

8. Diameter 5"
Depth 150
9. Type of Casing POC
10. Principle use of Water
Domestic

PLACE OF USE:

13. Township 6N
14. Range 3E
15. Section 16
16. Legal description of land water is to be used on:
NW 1/4, NW 1/4, NW 1/4

WELL/LAND LOCATION:

1. Township 6N
2. Range 3E
3. Section 16
4. NW 1/4 & NW 1/4 & NW 1/4
10 acre sub-division
5. County Maricopa

(If for non-commercial irrigation, state approximate area being cultivated.)

12. Construction will start about:
9 Month 81 Year

17. Design Pump Capacity
10

18. Action Requested:
Drill
Deepen
Replace

19. This notice filed by:
Owner _____
Lessee _____
Driller

5. Owner of Well:
Chester Short
Name
Box 4699 N.R.S
Address
Phoenix, Az 85029
City State Zip

DO NOT WRITE IN THIS SPACE
OFFICE RECORD
FILE NO A(6-3)16 bbb
FILED 2-2-81 BY [initials]
DEPT. 2-6-81 BY [initials]
DUPLICATE MAILED 2-11-81 BY [initials]
REGISTRATION NO 55-86914
AREA PHOENIX
NON EXPANSION AREA Phoenix

Campbell Drilling Inc
Name
Box 933
Address
Wickenburg Az 85358
City State Zip

7. Owner of Land:
Chester Short
Name
Box 4699 N.R.S
Address
Phx, Az 85029
City State Zip

20. Drillers Name:
Charles P Campbell
Name
Box 933
Address
Wickenburg Az 85358
City State Zip
46892 - 7-35
Department License Number

- Fill out this form in duplicate and mail to P.O. Box 2600, Phoenix, Arizona, 85002, or deliver to 222 N. Central Ave., Suite 550, Phoenix, Arizona, 85004.
- If the Exempt Well is in fact a replacement (or deepening) well, state the registration number of the existing well.
- Construction standards for new and replacement wells and the deepening and abandonment of existing wells, shall be in accordance with Department Rules and Regulations.

Marilyn J Campbell, state that the construction will be under the direct and personal supervision of the well driller designated on this form and that the designated driller holds contractors license pursuant to ARS 45-595.

1-29-81
Date

Marilyn J Campbell
Signature of Person Filing
MICROFILMED

WELL DRILLER REPORT

This report should be prepared by the driller in all detail and filed with the Department within 30 days following completion of the well.

1. Owner Chester Short
Name
Box 4699 New River Stage Phoenix AZ 85029
Address

2. Lessee or Operator _____
Name
Address

3. Driller Campbell's Drilling
Name
P O Box 933 Wickenburg AZ 85358
Address

4. Location of well: T6N R3E Sec16 NW NW NW

5. Permit No. _____
(if issued)

DESCRIPTION OF WELL

6. Total depth of hole 900 ft.

7. Type of Casing 8" Steel 5" PVC

8. Diameter and length of casing 8" Steel in. from 0 to 20, 5" PVC in from 0 to 500.

9. Method of sealing at reduction points _____

10. Perforated from 140 to 200, from _____ to _____, from _____ to _____

11. Size of cuts 1/4 Number of cuts per foot 8

12. If screen was installed: Length _____ ft. Diam _____ in. Type _____

13. Method of construction Shelled
drilled, dug, driven, bored, jetted, etc.

14. Date started 2 25 81
Month day year

15. Date completed 2 25 81
Month day year

16. Depth to water 80 ft. (If flowing well, so state.)

17. Describe point from which depth measurements were made, and give sea-level elevation if available.

18. If flowing well, state method of flow regulation _____

19. REMARKS: _____

DO NOT WRITE IN THIS SPACE	
OFFICE RECORD	
Registration No. <u>55-86914</u>	
Received _____	By _____
Entered <u>4-14-81</u>	By <u>Pat</u>
File No. <u>A(6-3)16bbb</u>	

(Well log to appear on Reverse side)

MICROFILMED

State of Arizona
DEPARTMENT OF WATER RESOURCES

222 North Central Avenue, Suite 850, Phoenix, Arizona 85004



February 11, 1981

Chester Short
Box 4699 New River Stage
Phoenix AZ 85029

Registration No. 55-86914

Dear Well Owner:

A copy of Notice of Intention to Drill a Well is returned to you for your records. Your driller has been mailed a Well Drilling Card, Well Drilling Report, and a Completion Report.

ARS 45-600 requires the driller to furnish this Department a complete and accurate Log of Well within 30 days of completion of drilling, and a Completion Report within 30 days after installation of pumping equipment.

Also enclosed for your future use is a Change of Well Information form. Per ARS 45-593, the person to whom a well is registered shall notify this Department of a change in ownership of the well and information pertaining to the physical aspects of the well to keep the well registration record current and accurate.

In the event it is necessary to change the location of the proposed well, you should obtain the written permission of the Department of Water Resources before proceeding with the drilling.

Sincerely,


Richard A. Gessner
Chief, Records Section

RAG/jl
Enclosures
ps

MICROFILMED

Think Conservation!

Administration 255-1550, Water Resources and Flood Control Planning 255-1566, Dam Safety 255-1541,
Flood Warning Office 255-1548, Water Rights Administration 255-1581, Hydrology 255-1586

Campbells Drilling, Inc.
 For: Short
 P. O. Box 933
 Wickenburg, AZ 85358

STATE OF ARIZONA
 ARIZONA WATER COMMISSION
 WATER RIGHTS ADMINISTRATION
 222 N. CENTRAL AVE - SUITE 550
 PHOENIX, ARIZONA 85004

MICROFILMED

RECEIPT - FILE

No 7470

KIND ENTRY	FILE REFERENCE NO.
55	86914
	THRU

JND URCE	ACCOUNT NO.			INT. ACCT.	ITEM DESCRIPTION	RATE	\$ AMOUNT
	AGENCY	CHAPTER	DIV.				
					Filing fee for Notice of Intention to Drill or An Exempt Well	Deepen	3.00
					File #A(6-3)16 bbb		
					Registration #55-86914		
					Check #3594		
							WATER PAYMENT GUESTS 1 CHK NO 3594 55-1 3.00 TAX 0.00 TOTL 3.00 GEN.CHEK 3.00
							# 2104 B 18:53

02-05-81

TOTAL

\$ 3.00

Registration No. 55-86914
Owner of
Well Site Chester Short
File No. A(6-3)16bbb

COMPLETION REPORT

1. Completion Report to be filed with the Department within 30 days after installation of pump equipment.
2. The tested pumping capacity of the well in gallons per minute for a non-flowing well should be determined by measuring the discharge of the pump after continuous operation for at least 4 hours and for a flowing well by measuring the natural flow at the land surface.
3. Drawdown of the water level for a non-flowing well should be measured in feet after not less than 4 hours of continuous operation and while still in operation and for a flowing well the shut-in pressure should be measured in feet above the land or in pounds per square inch at the land surface.
4. The static groundwater level should be measured in feet from the land surface immediately prior to the well capacity test.

LOCATION OF THE WELL

T6N R3E Sec16 NW NW NW

Date Well Completed 3-25-81 Depth of Well 200'

1. Well Test:
Test Pumping Capacity _____ Date Well Tested _____
(Gal. per min.)

Method of Discharge Measurement _____
(weir, orifice, current meter, etc.)

Static Groundwater Level _____ ft. Drawdown _____ ft.
Total Pumping Lift _____ ft. Drawdown _____ lbs.
(Flowing Well)

2. Equipment Installed:

Kind of Pump Submersible
(turbine, centrifugal, etc.)

Kind of Power Electric H.P. Rating of Motor 3/4
(Elec., Nat. Gas, Etc.)

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

Charles E Campbell
Signature
Box 933
Address

3-25, 1981
Date

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