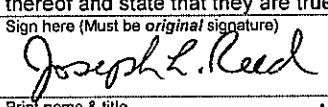




**ATTACHMENT C
MONITORING/OBSERVATION WATER WELL PERMIT
APPLICATIONS AND WELL CONSTRUCTION AND
TEST REPORTS**

<p>COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 SHERMAN ST., RM 818, DENVER CO 80203 phone – info: (303) 866-3587 main: (303) 866-3581 Fax: (303) 866-3589 http://www.water.state.co.us</p>	<div style="text-align: right;">Office Use Only Form GWS-46 (07/2009)</div>				
<p>MONITORING/OBSERVATION Water Well Permit Application Review instructions on reverse side prior to completing form. The form must be completed in black or blue ink or typed.</p>					
<p>1. Well Owner Information</p>					
Name of well owner Cotter Corporation					
Mailing address 7800 East Dorado Place					
City	State Zip code				
Englewood	CO 80111				
Telephone #	E-Mail (Optional)				
(720)5546200					
<p>2. Type Of Application (check applicable boxes)</p> <input checked="" type="checkbox"/> Use existing well <input type="checkbox"/> Replacement for existing monitoring well: <input type="checkbox"/> Construct new well Permit no.: <input type="checkbox"/> Other:					
<p>3. Refer To (if applicable)</p>					
Monitoring hole acknowledgment	Well name or #				
MH- 48979	MW044				
<p>4. Location Of Proposed Well (Important! See Instructions)</p>					
County	NW 1/4 of the NW 1/4				
Fremont					
Section	Township	N or S	Range	E or W	Principal Meridian
16	19	<input type="checkbox"/> N <input checked="" type="checkbox"/> S	70	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	6
Distance of well from section lines (section lines are typically not property lines) Ft. from <input type="checkbox"/> N <input type="checkbox"/> S Ft. from <input type="checkbox"/> E <input type="checkbox"/> W					
For replacement wells only – distance and direction from old well to new well feet direction					
Well location address (Include City, State, Zip) <input type="checkbox"/> Check if well address is same as Item 1.					
<p>Optional: GPS well location information in UTM format You must check GPS unit for required settings as follows:</p>					
Format must be UTM <input type="checkbox"/> Zone 12 or <input checked="" type="checkbox"/> Zone 13 Units must be Meters Datum must be NAD83 Unit must be set to true north Was GPS unit checked for above? <input checked="" type="checkbox"/> YES		Easting <u>4250357</u> Northing <u>0479499</u> Remember to set Datum to NAD83			
<p>5. Property Owner Information</p>					
Name of property owner Cotter Corporation					
Mailing address 7800 East Dorado Place					
City	State	Zip Code			
Englewood	CO	80111			
Telephone #					
(720) 5546200					
<p>6. Use Of Well</p>					
Use of this well is limited to monitoring water levels and/or water quality sampling					
<p>7. Well Data (proposed)</p>					
Total depth	feet			Aquifer	
54				Poison Canyon	
<p>8. Consultant Information (if applicable)</p>					
Name of contact person Joe Reed					
Company name Tetra Tech					
Mailing address 3801 Automation Way #100					
City	State	Zip Code			
Fort Collins	CO	80525			
Telephone #					
(970) 2239600					
<p>9. Proposed Well Driller License #(optional):</p>					
<p>10. Signature Of Well Owner Or Authorized Agent</p>					
The making of false statements herein constitutes perjury in the second degree, which is punishable as a class 1 misdemeanor pursuant to C.R.S. 24-4-104 (13)(a). I have read the statements herein, know the contents thereof and state that they are true to my knowledge.					
Sign here (Must be original signature) 					Date 2/18/10
Print name & title Joseph L. Reed, Senior Geologist					
<p>Office Use Only</p>					
USGS map name		DWR map no.		Surface elev.	
Receipt area only					
DIV ____ WD ____ BA ____ MD ____					

MONITORING/OBSERVATION WELL PERMIT APPLICATION INSTRUCTIONS

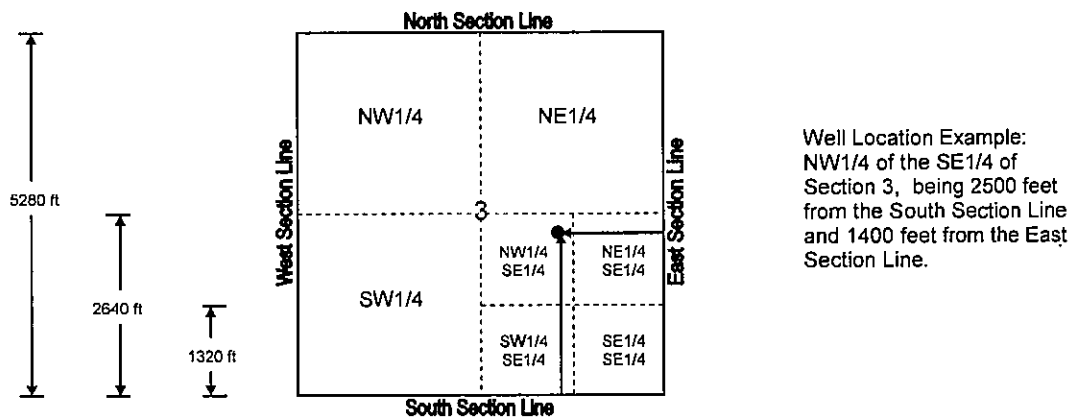
Applications must be typewritten or printed in **BLACK** or **BLUE INK**. **ALL ITEMS** in the application must be completed. Incomplete applications may be returned for more information. Applications are evaluated in chronological order. Please allow approximately six weeks for processing. This form may be reproduced by photocopying or computer generation. Reproductions must retain margins and print quality of the original form.

FEES: This application must be submitted with a **\$100 filing fee**. (The fee for an application to replace or deepen an existing permitted monitoring/observation well is \$100 for locations outside Designated Ground Water Basins, and \$60 inside Designated Ground Water Basins.) Acceptable forms of payment are check or money order, payable to the "Colorado Division of Water Resources", and Visa, MasterCard or Discover (card number and expiration date must be provided on a separate attachment). **Fees are nonrefundable.**

USES: This form (GWS-46) is to be used when applying for a permit where the only uses are monitoring of water levels and/or water quality sampling. For well construction criteria refer to the Colorado Water Well Construction Rules, 2CCR 402-2: A copy of the Rules may be obtained from any Division of Water Resources Office for a fee of \$5, or you may access them online from the State Board of Examiners' (BOE) website at <http://www.water.state.co.us/boe/>.

ITEM INSTRUCTIONS: (numbers correspond with those on the front of this form)

1. Provide the name of the well owner and the mailing address where all correspondence will be sent.
2. Check and complete all boxes that apply.
3. Provide the MH number assigned by the Division of Water Resources in response to the notice of intent to construct a monitoring/observation well. Complete the well name if the structure has a name or identifying number.
4. If applying for a permit to construct a new well, you must provide the county, section #, township, range and principal meridian. You do not need to provide the $\frac{1}{4}$ of the $\frac{1}{4}$ section designation, distances from section lines or an optional GPS location (UTM coordinates). If a permit is issued and a well constructed, the authorized individual will be required to provide an accurate GPS location (UTM coordinates) of the "as-built" well location. If applying for a permit to use an existing well you must provide the well location information stated above, as well as either a GPS location (UTM coordinates) of the existing well site, or distances from section lines (including the $\frac{1}{4}$ of the $\frac{1}{4}$ section designation) as follows: In a typical case, a township is comprised of 36 sections, with each section ideally one mile square, or 5,280 feet on each side. Sections are further divided into quarter sections. Each $\frac{1}{4}$ Section is 2,640 feet by 2,640 feet and comprises 160 acres. Each $\frac{1}{4}$ section can be further divided into additional quarters. Each $\frac{1}{4}$ of the $\frac{1}{4}$ Section is 1,320 feet by 1,320 feet and comprises 40 acres. The distances are measured from the section lines. In the following example, the well is located 2,500 feet from the South Section line and 1,400 feet from the East Section line:



If providing a GPS location (UTM coordinates), the required GPS unit settings must be as indicated on this form. Colorado contains two UTM zones (12 & 13). Zone 13 covers most of Colorado. The boundary between Zone 12 and Zone 13 is the 108th Meridian (longitude). West of the 108th Meridian is UTM Zone 12 and east of the 108th Meridian is UTM Zone 13. The 108th Meridian is approximately 57 miles east of the Colorado-Utah state line. On most GPS units, the UTM zone is given as part of the Easting measurement, e.g. 12T0123456. Check the appropriate box for the zone. Provide the property address of the well location if one exists. If it is the same as the mailing address, check the box next to the well location address.

5. Provide property owner information.
6. Use of this well is limited to monitoring water levels and/or water quality sampling only.
7. The actual or anticipated total depth must be provided. Provide the name of the aquifer in which the well will be completed.
8. Provide consultant information (if applicable).
9. Monitoring/observation wells must be constructed by a Colorado licensed well construction contractor or authorized individual, as defined in the Well Construction Rules, 2CCR 402-2. Only a licensed contractor may construct any monitoring/observation well that penetrates a confining layer, or, is to be converted into a future production well. The well must be constructed in compliance with the Well Construction Rules, unless a variance has been approved allowing an alternative construction design.
10. An ORIGINAL signature of the well owner, or their authorized agent must be on the application.

IF YOU HAVE ANY QUESTIONS regarding any item on the application form, please call the Division of Water Resources Ground Water Information Desk (303-866-3587), or the nearest Division of Water Resources Field Office located in Greeley (970-352-8712), Pueblo (719-542-3368), Alamosa (719-589-6683), Montrose (970-249-6622), Glenwood Springs (970-945-5665), Steamboat Springs (970-879-0272), or Durango (970-247-1845), or refer to CDWR web site at <http://www.water.state.co.us> for general information.

COLORADO DIVISION OF WATER RESOURCES
DEPARTMENT OF NATURAL RESOURCES
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 Fax: (303) 866-3589 http://www.water.state.co.us

Office Use Only Form GWS-46 (07/2009)

MONITORING/OBSERVATION

Water Well Permit Application

Review instructions on reverse side prior to completing form.
 The form must be completed in black or blue ink or typed.

1. Well Owner Information

Name of well owner
 Cotter Corporation

Mailing address
 7800 East Dorado Place

City	State	Zip code
Englewood	CO	80111

Telephone #	E-Mail (Optional)
(720)5546200	

2. Type Of Application (check applicable boxes)

Use existing well Replacement for existing monitoring well:
 Construct new well Permit no.:
 Other:

3. Refer To (if applicable)

Monitoring hole acknowledgment	Well name or #
MH- 48978	PW045

4. Location Of Proposed Well (Important! See Instructions)

County		Fremont			
Section		Township	N or S	Range	E or W
16		19	<input type="checkbox"/> N <input checked="" type="checkbox"/> S	70	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Principal Meridian		NW 1/4 of the NW 1/4			
		6			

Distance of well from section lines (section lines are typically not property lines)
 Ft. from N S Ft. from E W

For replacement wells only – distance and direction from old well to new well
 feet direction

Well location address (Include City, State, Zip) Check if well address is same as Item 1.

Optional: GPS well location information in UTM format
 You must check GPS unit for required settings as follows:

Format must be UTM <input type="checkbox"/> Zone 12 or <input checked="" type="checkbox"/> Zone 13 Units must be Meters Datum must be NAD83 Unit must be set to true north Was GPS unit checked for above? <input checked="" type="checkbox"/> YES	Easting <u>4250463</u> Northing <u>0479492</u> Remember to set Datum to NAD83
---	---

5. Property Owner Information

Name of property owner
 Cotter Corporation

Mailing address
 7800 East Dorado Place

City	State	Zip Code
Englewood	CO	80111

Telephone #
 (720) 5546200

6. Use Of Well

Use of this well is limited to monitoring water levels and/or water quality sampling

7. Well Data (proposed)

Total depth	Aquifer
69 feet	Poison Canyon

8. Consultant Information (if applicable)

Name of contact person
 Joe Reed

Company name
 Tetra Tech

Mailing address
 3801 Automation Way #100

City	State	Zip Code
Fort Collins	CO	80525

Telephone #
 (970) 2239600

9. Proposed Well Driller License #(optional):

10. Signature Of Well Owner Or Authorized Agent

The making of false statements herein constitutes perjury in the second degree, which is punishable as a class 1 misdemeanor pursuant to C.R.S. 24-4-104 (13)(a). I have read the statements herein, know the contents thereof and state that they are true to my knowledge.

Sign here (Must be original signature) <i>Joseph L. Reed</i>	Date 2/18/10
---	-----------------

Print name & title
 Joseph L. Reed, Senior Geologist

Office Use Only

USGS map name	DWR map no.	Surface elev.
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Receipt area only

DIV ____ WD ____ BA ____ MD ____

MONITORING/OBSERVATION WELL PERMIT APPLICATION INSTRUCTIONS

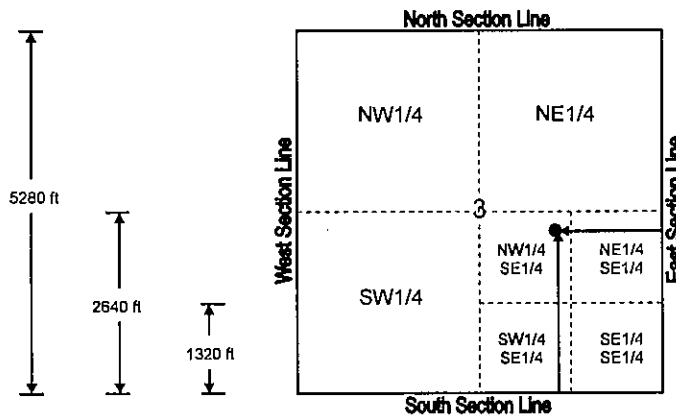
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ITEM INSTRUCTIONS: (numbers correspond with those on the front of this form)

1. Provide the name of the well owner and the mailing address where all correspondence will be sent.
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4. If applying for a permit to construct a new well, you must provide the county, section #, township, range and principal meridian. You do **not** need to provide the ¼ of the ¼ section designation, distances from section lines or an optional GPS location (UTM coordinates). If a permit is issued and a well constructed, the authorized individual will be required to provide an accurate GPS location (UTM coordinates) of the "as-built" well location. If applying for a permit to use an existing well you must provide the well location information stated above, as well as either a GPS location (UTM coordinates) of the existing well site, or distances from section lines (including the ¼ of the ¼ section designation) as follows: In a typical case, a township is comprised of 36 sections, with each section ideally one mile square, or 5,280 feet on each side. Sections are further divided into quarter sections. Each ¼ Section is 2,640 feet by 2,640 feet and comprises 160 acres. Each ¼ section can be further divided into additional quarters. Each ¼ of the ¼ Section is 1,320 feet by 1,320 feet and comprises 40 acres. The distances are measured from the section lines. In the following example, the well is located 2,500 feet from the South Section line and 1,400 feet from the East Section line:



Well Location Example:
NW1/4 of the SE1/4 of
Section 3, being 2500 feet
from the South Section Line
and 1400 feet from the East
Section Line.

If providing a GPS location (UTM coordinates), the required GPS unit settings must be as indicated on this form. Colorado contains two UTM zones (12 & 13). Zone 13 covers most of Colorado. The boundary between Zone 12 and Zone 13 is the 108th Meridian (longitude). West of the 108th Meridian is UTM Zone 12 and east of the 108th Meridian is UTM Zone 13. The 108th Meridian is approximately 57 miles east of the Colorado-Utah state line. On most GPS units, the UTM zone is given as part of the Easting measurement, e.g. 12T0123456. Check the appropriate box for the zone. Provide the property address of the well location if one exists. If it is the same as the mailing address, check the box next to the well location address.

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6. Use of this well is limited to monitoring water levels and/or water quality sampling only.
7. The actual or anticipated total depth must be provided. Provide the name of the aquifer in which the well will be completed.
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DIV ____ WD ____ BA ____ MD ____													

MONITORING/OBSERVATION WELL PERMIT APPLICATION INSTRUCTIONS

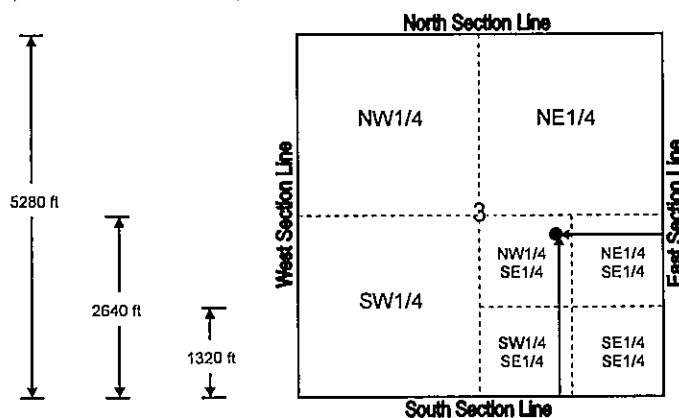
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Section 3, being 2500 feet
from the South Section Line
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7. The actual or anticipated total depth must be provided. Provide the name of the aquifer in which the well will be completed.
8. Provide consultant information (if applicable).
9. Monitoring/observation wells must be constructed by a Colorado licensed well construction contractor or authorized individual, as defined in the Well Construction Rules, 2CCR 402-2. Only a licensed contractor may construct any monitoring/observation well that penetrates a confining layer, or, is to be converted into a future production well. The well must be constructed in compliance with the Well Construction Rules, unless a variance has been approved allowing an alternative construction design.
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IF YOU HAVE ANY QUESTIONS regarding any item on the application form, please call the Division of Water Resources Ground Water Information Desk (303-866-3587), or the nearest Division of Water Resources Field Office located in Greeley (970-352-8712), Pueblo (719-542-3368), Alamosa (719-589-6683), Montrose (970-249-6622), Glenwood Springs (970-945-5665), Steamboat Springs (970-879-0272), or Durango (970-247-1845), or refer to CDWR web site at <http://www.water.state.co.us> for general information.

<p>COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 SHERMAN ST., RM 818, DENVER CO 80203 phone – info: (303) 866-3587 main: (303) 866-3581 Fax: (303) 866-3589 http://www.water.state.co.us</p>	<p>Office Use Only Form GWS-46 (07/2009)</p>
<p>MONITORING/OBSERVATION Water Well Permit Application Review instructions on reverse side prior to completing form. The form must be completed in black or blue ink or typed.</p>	
<p>1. Well Owner Information</p>	
<p>Name of well owner Cotter Corporation</p>	
<p>Mailing address 7800 East Dorado Place</p>	
<p>City Englewood</p>	<p>State CO</p>
<p>Zip code 80111</p>	
<p>Telephone # (720)5546200</p>	<p>E-Mail (Optional)</p>
<p>2. Type Of Application (check applicable boxes)</p> <p><input checked="" type="checkbox"/> Use existing well <input type="checkbox"/> Replacement for existing monitoring well: <input type="checkbox"/> Construct new well Permit no.: <input type="checkbox"/> Other:</p>	
<p>3. Refer To (if applicable)</p>	
<p>Monitoring hole acknowledgment MH- 48980</p>	<p>Well name or # PW047</p>
<p>4. Location Of Proposed Well (Important! See Instructions)</p>	
<p>County Fremont</p>	
<p>Section Township N or S Range E or W Principal Meridian 16 19 <input type="checkbox"/> N <input checked="" type="checkbox"/> S 70 <input type="checkbox"/> E <input checked="" type="checkbox"/> W 6</p>	
<p>Distance of well from section lines (section lines are typically not property lines) Ft. from <input type="checkbox"/> N <input type="checkbox"/> S Ft. from <input type="checkbox"/> E <input type="checkbox"/> W</p>	
<p>For replacement wells only – distance and direction from old well to new well feet direction</p>	
<p>Well location address (Include City, State, Zip) <input type="checkbox"/> Check if well address is same as Item 1.</p>	
<p>Optional: GPS well location information in UTM format You must check GPS unit for required settings as follows:</p>	
<p>Format must be UTM <input type="checkbox"/> Zone 12 or <input checked="" type="checkbox"/> Zone 13 Units must be Meters Datum must be NAO83 Unit must be set to true north Was GPS unit checked for above? <input checked="" type="checkbox"/> YES</p>	<p>Easting <u>4250459</u> Northing <u>0479543</u> Remember to set Datum to NAD83</p>
<p>5. Property Owner Information</p>	
<p>Name of property owner Cotter Corporation</p>	
<p>Mailing address 7800 East Dorado Place</p>	
<p>City Englewood</p>	<p>State CO</p>
<p>Zip Code 80111</p>	
<p>Telephone # (720) 5546200</p>	
<p>6. Use Of Well</p>	
<p>Use of this well is limited to monitoring water levels and/or water quality sampling</p>	
<p>7. Well Data (proposed)</p>	
<p>Total depth 76 feet</p>	<p>Aquifer Poison Canyon</p>
<p>8. Consultant Information (if applicable)</p>	
<p>Name of contact person Joe Reed</p>	
<p>Company name Tetra Tech</p>	
<p>Mailing address 3801 Automation Way #100</p>	
<p>City Fort Collins</p>	<p>State CO</p>
<p>Zip Code 80525</p>	
<p>Telephone # (970) 2239600</p>	
<p>9. Proposed Well Driller License #(optional):</p>	
<p>10. Signature Of Well Owner Or Authorized Agent</p>	
<p>The making of false statements herein constitutes perjury in the second degree, which is punishable as a class 1 misdemeanor pursuant to C.R.S. 24-4-104 (13)(a). I have read the statements herein, know the contents thereof and state that they are true to my knowledge.</p>	
<p>Sign here (Must be original signature) <i>Joseph L. Reed</i></p>	<p>Date 2/18/10</p>
<p>Print name & title Joseph L. Reed, Senior Geologist</p>	
<p>Office Use Only</p>	
<p>USGS map name</p>	<p>DWR map no.</p>
<p>Surface elev.</p>	
<p>Receipt area only</p>	
<p>DIV ____ WD ____ BA ____ MD ____</p>	

MONITORING/OBSERVATION WELL PERMIT APPLICATION INSTRUCTIONS

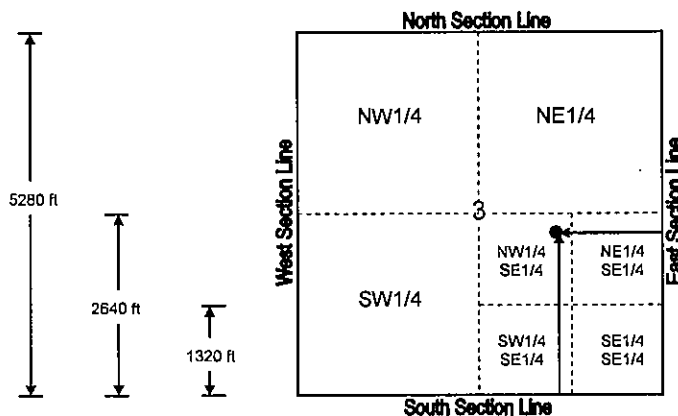
Applications must be typewritten or printed in **BLACK** or **BLUE INK**. **ALL ITEMS** in the application must be completed. Incomplete applications may be returned for more information. Applications are evaluated in chronological order. Please allow approximately six weeks for processing. This form may be reproduced by photocopying or computer generation. Reproductions must retain margins and print quality of the original form.

FEES: This application must be submitted with a \$100 filing fee. (The fee for an application to replace or deepen an existing permitted monitoring/observation well is \$100 for locations outside Designated Ground Water Basins, and \$60 inside Designated Ground Water Basins.) Acceptable forms of payment are check or money order, payable to the "Colorado Division of Water Resources", and Visa, MasterCard or Discover (card number and expiration date must be provided on a separate attachment). Fees are nonrefundable.

USES: This form (GWS-46) is to be used when applying for a permit where the only uses are monitoring of water levels and/or water quality sampling. For well construction criteria refer to the Colorado Water Well Construction Rules, 2CCR 402-2. A copy of the Rules may be obtained from any Division of Water Resources Office for a fee of \$5, or you may access them online from the State Board of Examiners' (BOE) website at <http://www.water.state.co.us/boe/>.

ITEM INSTRUCTIONS: (numbers correspond with those on the front of this form)

1. Provide the name of the well owner and the mailing address where all correspondence will be sent.
2. Check and complete all boxes that apply.
3. Provide the MH number assigned by the Division of Water Resources in response to the notice of intent to construct a monitoring/observation well. Complete the well name if the structure has a name or identifying number.
4. If applying for a permit to **construct a new well**, you **must** provide the county, section #, township, range and principal meridian. You do not need to provide the ¼ of the ¼ section designation, distances from section lines or an optional GPS location (UTM coordinates). If a permit is issued and a well constructed, the authorized individual will be required to provide an accurate GPS location (UTM coordinates) of the "as-built" well location. If applying for a permit to **use an existing well** you **must** provide the well location information stated above, as well as either a GPS location (UTM coordinates) of the existing well site, or distances from section lines (including the ¼ of the ¼ section designation) as follows: In a typical case, a township is comprised of 36 sections, with each section ideally one mile square, or 5,280 feet on each side. Sections are further divided into quarter sections. Each ¼ Section is 2,640 feet by 2,640 feet and comprises 160 acres. Each ¼ section can be further divided into additional quarters. Each ¼ of the ¼ Section is 1,320 feet by 1,320 feet and comprises 40 acres. The distances are measured from the section lines. In the following example, the well is located 2,500 feet from the South Section line and 1,400 feet from the East Section line:



Well Location Example:
NW1/4 of the SE1/4 of
Section 3, being 2500 feet
from the South Section Line
and 1400 feet from the East
Section Line.

If providing a GPS location (UTM coordinates), the required GPS unit settings must be as indicated on this form. Colorado contains two UTM zones (12 & 13). Zone 13 covers most of Colorado. The boundary between Zone 12 and Zone 13 is the 108th Meridian (longitude). West of the 108th Meridian is UTM Zone 12 and east of the 108th Meridian is UTM Zone 13. The 108th Meridian is approximately 57 miles east of the Colorado-Utah state line. On most GPS units, the UTM zone is given as part of the Easting measurement, e.g. 12T0123456. Check the appropriate box for the zone. Provide the property address of the well location if one exists. If it is the same as the mailing address, check the box next to the well location address.

5. Provide property owner information.
6. Use of this well is limited to monitoring water levels and/or water quality sampling only.
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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																																																												
1. WELL PERMIT NUMBER: 48979-MH																																																														
2. WELL OWNER INFORMATION NAME OF WELL OWNER: Cotter Corporation MAILING ADDRESS: 7800 East Dorado Place CITY: Englewood STATE: CO ZIP CODE: 80111 TELEPHONE NUMBER: (720) 554-6200																																																														
3. WELL LOCATION AS DRILLED: NW1/4, NW1/4, Sec. 16, Twp. 19 <input type="checkbox"/> N or <input checked="" type="checkbox"/> S, Range 70 <input type="checkbox"/> E or <input checked="" type="checkbox"/> W DISTANCES FROM SEC. LINES: _____ ft. from <input type="checkbox"/> N or <input type="checkbox"/> S section line and _____ ft. from <input type="checkbox"/> E or <input type="checkbox"/> W section line. SUBDIVISION: _____, LOT _____, BLOCK _____, FILING (UNIT) _____ 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: 0479499 Owner's Well Designation: <u>MV044</u> Easting: <u>4250357</u>																																																														
4. GROUND SURFACE ELEVATION <u>5580</u> feet DATE COMPLETED <u>2/4/2010</u> TOTAL DEPTH <u>54</u> feet DRILLING METHOD <u>Hollow Stem Augers</u> DEPTH COMPLETED <u>54.1</u> 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>0-11</td><td>silty Sand</td><td>Clay-Sand</td><td>yel brn</td><td></td></tr> <tr><td>11-16</td><td>silty sand</td><td>silt, Sand</td><td>yel brn</td><td></td></tr> <tr><td>15-25</td><td>silty Sand</td><td>silt, sand</td><td>dk yel brn</td><td></td></tr> <tr><td>25-27</td><td>sandy Gravel</td><td>sand,grave</td><td>dk yel brn</td><td></td></tr> <tr><td>27-36.5</td><td>sandstone</td><td>sand</td><td>dk yel brn</td><td>32.7</td></tr> <tr><td>36.5-40</td><td>sandstone</td><td>sand</td><td>lt gray</td><td></td></tr> <tr><td>40-42.7</td><td>sandstone, cl</td><td>clay, sand</td><td>gray</td><td></td></tr> <tr><td>42.7-43.7</td><td>sandstone</td><td>sand</td><td>yel brn</td><td></td></tr> <tr><td>43.7-44</td><td>sanstone</td><td>sand</td><td>lt grey</td><td></td></tr> <tr><td>44-50</td><td>sandstone</td><td>sand</td><td>lt gray</td><td></td></tr> <tr><td>50-54</td><td>sandstone</td><td>sand</td><td>lt gray</td><td></td></tr> </tbody> </table>			Depth	Type	Grain Size	Color	Water Loc.	0-11	silty Sand	Clay-Sand	yel brn		11-16	silty sand	silt, Sand	yel brn		15-25	silty Sand	silt, sand	dk yel brn		25-27	sandy Gravel	sand,grave	dk yel brn		27-36.5	sandstone	sand	dk yel brn	32.7	36.5-40	sandstone	sand	lt gray		40-42.7	sandstone, cl	clay, sand	gray		42.7-43.7	sandstone	sand	yel brn		43.7-44	sanstone	sand	lt grey		44-50	sandstone	sand	lt gray		50-54	sandstone	sand	lt gray	
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8. FILTER PACK: Material <u>sand</u> Size <u>10-20</u> Interval <u>29.5-54</u>																																																														
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12. WELL TEST DATA: <input type="checkbox"/> Check box if Test Data is submitted on Form Number GWS 39 Supplemental Well Test. TESTING METHOD <u>NA</u> Static Level <u>32.67</u> ft. Date/Time measured: <u>2/12/2010</u> Production Rate _____ gpm. Pumping Level _____ ft. Date/Time measured _____ Test Length (hrs) _____ Remarks: <u>Not Tested</u>																																																														
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: <u>Site Services, Inc..</u>		Phone: <u>(303)273-0009</u>																																																												
		License Number: <u>N.A.</u>																																																												
Mailing Address: <u>15097 West 44th Suite# 2, Golden, CO 80403</u>																																																														
Signature: <u>Neil E. Eckhoff</u>	Print Name and Title: <u>Neil Eckhoff Vice President / Co-owner</u>	Date: <u>2/17/2010</u>																																																												

INSTRUCTIONS FOR WELL CONSTRUCTION AND TEST REPORT

The report must be typed or printed in **BLACK OR BLUE INK**. All changes on the form must be initialed and dated. Attach additional sheets if more space is required. Each additional sheet must be identified at the top by the well owner's name, the permit number, form name/number and a sequential page number. Report depths in feet below ground surface.

This form may be reproduced by photocopy methods, or by computer generation with prior approval by the State Engineer. Photocopy reproductions must retain margins and print quality of the original form.

The original form must be submitted to the State Engineer's Office within 60 days after completing the well or 7 days after the permit expiration date, whichever is earlier.

A copy of the form must be provided to the well owner.

ITEM INSTRUCTIONS: (numbers correspond with those on the front of this form)

1. Complete the **Well Permit Number** in full.
2. Fill in **Name and Mailing Address of Well Owner** where correspondence should be sent.
3. Complete the blocks for the actual location of where the well was drilled. If the owner has more than one well serving this property, provide the identification (**Owner's Designation**) for this well. For wells located in subdivisions, the name, lot, block, filing, and street address must also be provided. An option to providing distances from section lines is to provide an accurate GPS location in GPS format. The required GPS unit settings must be as indicated on this form.

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4. Report the ground surface elevation in feet above sea level if available. This value may be obtained from a topographic map. Describe the drilling method used to construct the well and the date completed. Indicate the total depth and the actual completed depth of the well.
5. Fully describe the materials encountered in drilling. Do not use formation names unless they are in conjunction with a description of materials.

Examples of descriptive terms include:
Type – sandstone, sand, etc.
Grain size – Boulders, gravel, sand, silt, clay, etc.
Color – All materials, most critical in sedimentary rock
Water Location – Depth when water is encountered (if it can be determined)
6. Provide the diameters of the drilled borehole.
7. The outside diameter, kind, wall thickness, and interval of plain and perforated casing lengths must be indicated. For perforated casing, the screen size must be indicated.
8. Indicate the material and size of filter pack (e.g. sand, gravel, etc.) and the interval where placed.
9. Indicate the type and setting depth for any packers installed.
10. The material, amount, and interval of the grout slurry must be reported. Density may be indicated as pounds per gallon, gallons of water per sack, total gallons of water used, or number of sacks used, etc. Specify the grout placement method, i.e. tremie pipe or positive placement. The percentage of additives mixed with the grout should be reported under remarks in item 5.
11. Record the type and the amount of disinfection used, how placed, and the length of time left in the hole.
12. Report well test data as required by Rule 10.7. Spaces are provided to report all measurements made during the test. The report should show that the test complied with the provisions of the rules. If a test was not performed explain when it will be done. If available, report clock time when measurements were taken.
13. Fill in **Company Name and Address of Contractor** who constructed the well. The licensed contractor responsible for the construction of the well must sign the report.

Submit completed report to: State of Colorado, Office of the State Engineer, 818 Centennial Bldg., 1313 Sherman St., Denver, CO 80203
IF YOU HAVE ANY QUESTIONS regarding any item on this form, please call the Division of Water Resources Ground Water Information Desk (303-866-3587), or the nearest Division of Water Resources Field Office located in Greeley (970-352-8712), Pueblo (719-542-3368), Alamosa (719-589-6683), Montrose (970-249-6622), Glenwood Springs (970-945-5665), Steamboat Springs (970-879-0272), or Durango (970-247-1845), or refer to our web site at <http://www.water.state.co.us> for general information, additional forms, and access to state rules and statutes.

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13. Fill in **Company Name and Address of Contractor** who constructed the well. The licensed contractor responsible for the construction of the well must sign the report.

Submit completed report to: State of Colorado, Office of the State Engineer, 818 Centennial Bldg., 1313 Sherman St., Denver, CO 80203
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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							
1. WELL PERMIT NUMBER: 48977-MH									
2. WELL OWNER INFORMATION NAME OF WELL OWNER: Cotter Corporation MAILING ADDRESS: 7800 East Dorado Place CITY: Englewood STATE: CO ZIP CODE: 80111 TELEPHONE NUMBER: (720) 554-6200									
3. WELL LOCATION AS DRILLED: NW1/4, NW1/4, Sec. 16, Twp. 19 <input type="checkbox"/> N or <input checked="" type="checkbox"/> S, Range 70 <input type="checkbox"/> E or <input checked="" type="checkbox"/> W DISTANCES FROM SEC. LINES: _____ ft. from <input type="checkbox"/> N or <input type="checkbox"/> S section line and _____ ft. from <input type="checkbox"/> E or <input type="checkbox"/> W section line. SUBDIVISION: _____, LOT _____, BLOCK _____, FILING (UNIT) _____ 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: 0479516 Owner's Well Designation: <u>PW046</u> Easting: <u>4250462</u>									
4. GROUND SURFACE ELEVATION <u>5585</u> feet DRILLING METHOD <u>Hollow Stem Augers</u> DATE COMPLETED <u>1/25/2010</u> TOTAL DEPTH <u>68.5</u> feet DEPTH COMPLETED <u>68</u> feet									
5. GEOLOGIC LOG:					6. HOLE DIAM (in.) From (ft) To (ft)				
Depth	Type	Grain Size	Color	Water Loc.	8	0	68.5		
0-4	silty sand	silt, Sand	dk yel brn						
4-20	clayey Sand	clay, Sand	yel brn						
20-29	gravelly sand	gravel, san	dk yel brn						
29-34.5	gravelly Sand	gravel, san	red brn						
34.5-40	sandy claysto	sand, clay	yel brn	35.6					
40-45	sandy claysto	sad, clay	gray						
45-48	silty sandsto	silt, sand	gray						
48-54	sandy claysto	sand, clay	gray						
54-55.5	sandy claysto	sand, clay	dk gray						
55.5-59	claystone	clay	gray						
59-66	sandstone	sand	gray						
66-68.5	silty claysto	silt, clay	gray						
					7. PLAIN CASING: OD (in) Kind Wall Size (in) From (ft) To (ft) <u>4</u> <u>PVC</u> <u>SCH 40</u> <u>+2.0</u> <u>48</u>				
					PERFORATED CASING: Screen Slot Size (in): <u>0.020</u> <u>4</u> <u>PVC</u> <u>SCH 40</u> <u>48</u> <u>68</u>				
					8. FILTER PACK: Material <u>sand</u> Size <u>10-20</u> Interval <u>68-45</u>		9. PACKER PLACEMENT: Type _____ Depth _____		
					10. GROUTING RECORD Material Amount Density Interval Placement <u>Chip</u> <u>17</u> _____ <u>0.5-45</u> <u>gravity</u>				
Remarks: <u>Bentonite Chip 17-50 lb sacks</u>									
11. DISINFECTION: Type NA					Amt. Used _____				
12. WELL TEST DATA: <input type="checkbox"/> Check box if Test Data is submitted on Form Number GWS 39 Supplemental Well Test.									
TESTING METHOD Static Level <u>35.6</u> ft. Date/Time measured: <u>2/5/2010</u> Production Rate _____ gpm. Pumping Level _____ ft. Date/Time measured _____ Test Length (hrs) _____ Remarks: <u>Not Tested</u>									
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: <u>Site Services, Inc..</u>					Phone: <u>(303)273-0009</u>			License Number: <u>N.A.</u>	
Mailing Address: <u>15097 West 44th Suite# 2, Golden, CO 80403</u>									
Signature: <u>Neil E. Eckhoff</u>				Print Name and Title: <u>Neil Eckhoff Vice President/Co-owner</u>				Date: <u>2/17/2010</u>	

INSTRUCTIONS FOR WELL CONSTRUCTION AND TEST REPORT

The report must be typed or printed in **BLACK OR BLUE INK**. All changes on the form must be initialed and dated. Attach additional sheets if more space is required. Each additional sheet must be identified at the top by the well owner's name, the permit number, form name/number and a sequential page number. Report depths in feet below ground surface.

This form may be reproduced by photocopy methods, or by computer generation with prior approval by the State Engineer. Photocopy reproductions must retain margins and print quality of the original form.

The original form must be submitted to the State Engineer's Office within 60 days after completing the well or 7 days after the permit expiration date, whichever is earlier.

A copy of the form must be provided to the well owner.

ITEM INSTRUCTIONS: (numbers correspond with those on the front of this form)

1. Complete the **Well Permit Number** in full.
2. Fill in **Name and Mailing Address of Well Owner** where correspondence should be sent.
3. Complete the blocks for the **actual location** of where the well was drilled. If the owner has more than one well serving this property, provide the identification (**Owner's Designation**) for this well. For wells located in subdivisions, the name, lot, block, filing, and street address must also be provided. An option to providing distances from section lines is to provide an accurate GPS location in GPS format. The required GPS unit settings must be as indicated on this form.

Colorado contains two (2) UTM zones. Zone 13 covers most of Colorado. The boundary between Zone 12 and Zone 13 is the 108th Meridian (longitude). West of the 108th Meridian is UTM Zone 12 and east of the 108th Meridian is UTM Zone 13. The 108th Meridian is approximately 57 miles east of the Colorado-Utah state line. On most GPS units, the UTM zone is given as part of the Easting measurement, e.g. 12T0123456. Check the appropriate box for the zone.
4. Report the ground surface elevation in feet above sea level if available. This value may be obtained from a topographic map. Describe the drilling method used to construct the well and the date completed. Indicate the total depth and the actual completed depth of the well.
5. Fully describe the materials encountered in drilling. Do not use formation names unless they are in conjunction with a description of materials.
Examples of descriptive terms include:
Type – sandstone, sand, etc.
Grain size – Boulders, gravel, sand, silt, clay, etc.
Color – All materials, most critical in sedimentary rock
Water Location – Depth when water is encountered (if it can be determined)
6. Provide the diameters of the drilled borehole.
7. The outside diameter, kind, wall thickness, and interval of plain and perforated casing lengths must be indicated. For perforated casing, the screen size must be indicated.
8. Indicate the material and size of filter pack (e.g. sand, gravel, etc.) and the interval where placed.
9. Indicate the type and setting depth for any packers installed.
10. The material, amount, and interval of the grout slurry must be reported. Density may be indicated as pounds per gallon, gallons of water per sack, total gallons of water used, or number of sacks used, etc. Specify the grout placement method, i.e. tremie pipe or positive placement. The percentage of additives mixed with the grout should be reported under remarks in item 5.
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1. WELL PERMIT NUMBER: 48980-MH		
2. WELL OWNER INFORMATION		
NAME OF WELL OWNER: Cotter Corporation		
MAILING ADDRESS: 7800 East Dorado Place		
CITY: Englewood	STATE: CO	ZIP CODE: 80111
TELEPHONE NUMBER: (720) 554-6200		

3. WELL LOCATION AS DRILLED: NW1/4, NW1/4, Sec. 16, Twp. 19 N or S, Range 70 E or W
 DISTANCES FROM SEC. LINES: _____ ft. from N or S section line and _____ ft. from E or W section line.
 SUBDIVISION: _____, LOT _____, BLOCK _____, FILING (UNIT) _____
 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, Zone 12 or Zone 13
 Owner's Well Designation: PW047
 Easting: 4250459
 STREET ADDRESS AT WELL LOCATION: _____ Northing: 0479543

4. GROUND SURFACE ELEVATION <u>5580</u> feet	DRILLING METHOD <u>Hollow Stem Augers</u>
DATE COMPLETED <u>2/1/2010</u>	TOTAL DEPTH <u>75.5</u> feet
	DEPTH COMPLETED <u>76</u> feet

5. GEOLOGIC LOG:				
Depth	Type	Grain Size	Color	Water Loc.
0-6	gravelly Sand	gravel,san	yel brn	
6-16	silty Sand	silt, sand	yel brn	
16-17	sandy Gravel	sand,grave	brn	
17-29	gravelly Sand	gravel,san	brn	
29-34	gravelly sand	gravel,san	red brn	
34-39	sandy,claysto	sand,clay	yel brn	34.9
39-41	sandstone	sand	brn	
41-43	sandstone	sand	gray	
43-49	sandy claysto	sand,clay	dk gray	
49-53	claystone	clay	vdk gray	
53-56	sandstone	sand	gray	
56-60	sandy claysto	sand, clay	gray	
60-75.5	claystone	clay	dkgray	

6. HOLE DIAM (in.)		
From (ft)	To (ft)	
10	0	75.5

7. PLAIN CASING:				
OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
4	PVC	SCH 40	+2.0	55.9

PERFORATED CASING: Screen Slot Size (in): <u>0.020</u>				
OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
4	PVC	SCH 40	55.9	76

8. FILTER PACK:		9. PACKER PLACEMENT:	
Material	Size	Type	Depth
sand	10-20		
Interval	53.2-76		

10. GROUTING RECORD				
Material	Amount	Density	Interval	Placement
bentoni	50 lbs		51.9-53.2	gravity
Chip	22		20-51.9	gravity
Chip	7		0.5-12	gravity

Remarks: bentonite pellet seal.
Bentonite chip - 22 - 50 lb sacks 20 to 51.9
Bentonite chip -7-50 lb sacks 0.5-12

11. DISINFECTION: Type NA Amt. Used _____

12. WELL TEST DATA: Check box if Test Data is submitted on Form Number GWS 39 Supplemental Well Test.

TESTING METHOD NA

Static Level 34.9 ft. Date/Time measured: 2/5/2010, Production Rate _____ gpm.
 Pumping Level _____ ft. Date/Time measured _____, Test Length (hrs) _____

Remarks: Not Tested

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: <u>Site Services, Inc.</u>	Phone: <u>(303)273-0009</u>	License Number: <u>N.A.</u>
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Mailing Address: 15097 West 44th Suite# 2, Golden, CO 80403

Signature: <u>Neil E. Eckhoff</u>	Print Name and Title <u>Neil Eckhoff / Vice President / Co-owner</u>	Date <u>2/17/2010</u>
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