

STATE OF WYOMING

OFFICE OF THE STATE ENGINEER
HERSCHLER BUILDING
CHEYENNE, WYOMING 82002
(307) 777-6163

SCANNED JUN 23 2014

MICRO
FILMED

MAY 22 2003

STATEMENT OF COMPLETION AND DESCRIPTION OF WELL OR SPRING

NOTE: Do not fold this form. Use typewriter
or print neatly with black ink.

145410

PERMIT NO. U.W. _____ NAME OF WELL (SPRING) _____ EMMA #1 _____

1. NAME OF OWNER TOM WAUGH

2. ADDRESS 63 Langdon

☐ Please check if address has changed from that shown on permit

City Buffalo State WY Zip Code 82834 Phone No. 307-684-9448

3. USE OF WATER: Domestic ☒ Stock Watering ☐ Irrigation ☐ Municipal ☐ Industrial ☐ Miscellaneous ☐
Monitor or Test ☐ Coal Bed Methane ☐ Explain proposed use (Example: One single family dwelling) _____

4. LOCATION OF WELL (SPRING): SE 1/4 SE 1/4 of Section 28, T. 51 N., R. 82 W., of the 6th P.M. (or W.R.M.),

Subdivision Name Mountain Ridge Estate Lot 42 Block _____

If surveyed, bearing, distance and reference point: _____

5. TYPE OF CONSTRUCTION: Drilled ☒ Rotary Dug ☐ Driven ☒ Other ☐
(Type of Rig)

Describe: _____

6. CONSTRUCTION: Total Depth of Well/Spring 280 ft.

Depth to Static Water Level 70 ft. (Below land surface)

a. Diameter of borehole (Bit size) 5 inches.

b. Casing Schedule New ☒ Used ☐

5 diameter from 0 ft. to 280 ft. Material pvc Gage 40

_____ diameter from _____ ft. to _____ ft. Material _____ Gage _____

c. Was casing cemented: Yes ☒ No ☐ Cemented Interval, From 0 feet to 75 feet.

d. Number of sacks of cement used 25 type of cement portland

e. Perforations: Type of perforator used slits
Size of perforations 1/4 inches by 36 inches.

Number of perforations and depths where perforated:

200 perforations from 250 ft. to 280 feet.

_____ perforations from _____ ft. to _____ feet.

f. Was well screen installed? Yes ☐ No ☒

Diameter: _____ slot size: _____ set from _____ feet to _____

Diameter: _____ slot size: _____ set from _____ feet to _____

g. Was well gravel packed? Yes ☐ No ☒ Size of gravel _____

h. Was surface casing used: Yes ☐ No ☒ Was it cemented in place? Yes ☐ No ☐

7. NAME & ADDRESS OF DRILLING COMPANY Rangeland Water Well 280 High Street Buffalo

8. DATE OF COMPLETION OF WELL (including pump installation) OR SPRING (first used) 12-17-02

9. PUMP INFORMATION: Manufacturer F.W. Type Sub pump

Source of power Electric Horsepower 1 Depth of Pump Setting or intake 220

Amount of Water Being Pumped 15 Gallons Per Minute. (For Springs or flowing wells, see item 10.)

Total Volumetric Gallons Used Per Calendar Year. 325,000.0

10. FLOWING WELL OR SPRING (Owner is responsible for control of flowing well).

If well yields artesian flow or if spring, yield is _____ gal./min. Surface pressure is _____ lb./sq. inch, or _____ feet of water.

The flow is controlled by: valve ☐ cap ☐ plug ☐

Does well leak around casing? Yes ☐ No ☐



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SEE REVERSE SIDE

11. If spring, how was it constructed? (Some method of artificial diversion, i.e., spring box, cribbing, etc., is necessary to qualify for a water right.) _____

12. PUMP TEST: Was a pump test made? Yes ☐ No ☒

If so, by whom _____ Address _____

Yield: _____ gal./min. with _____ foot drawdown after _____ hours.

Yield: _____ gal./min. with _____ foot drawdown after _____ hours.

13. LOG OF WELL: Total depth drilled 290 feet.

Depth of completed well 280 feet. Diameter of well 6 1/2 inches.

Depth to first water bearing formation 70 feet.

Depth to principal water bearing formation. Top 165 feet to Bottom 240 feet.

Ground Elevation, if known _____

DRILL CUTTINGS DESCRIPTION:

From Feet	To Feet	Material Type, Texture Color	Remarks (Cementing, Shutoff)	Indicate Water Bearing Formation & Name	Indicate Perforated Casing Location
0	22	Boulders			
22	55	Yellow clay			
55	57	Rock			
57	70	Yellow clay			
70	80	Blue shale			
80	160	Blue shale/sand			
160	170	sand (coarse)			
170	240	Blue shale			
240	250	Coal			
250	252	Rock			
252	265	Sand			
265	280	Blue shale			
280	290	Coal			

14. QUALITY OF WATER INFORMATION:

Does a chemical and/or bacteriological water quality analysis accompany this form? Yes ☐ No ☐

It is recommended that chemical and bacteriologic water quality analyses be performed and that the report(s) be filed with the records of this well. (Contact Department of Agriculture, Analytical Lab Services, Laramie, 742-2984.)

If not, do you consider the water as: Good ☐ Acceptable ☐ Poor ☐ Unusable ☐

REMARKS: _____

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct and complete.

Thomas J. Smith
Signature of Owner or Authorized Agent

1-3-0, 20 03
Date

FOR STATE ENGINEER'S USE ONLY

145410

Permit No. U.W. _____

Date of Approval Feb 20, 20 03

Date of Receipt JAN 03 2003, 20 _____

Cheryl Veplancha
for State Engineer

JUNE 21, 2002

Date of Priority _____, 20 _____