



RECEIVED

MAY 16 2015

LEGAL  
DEPT OF WATER RESOURCES

Little  
Wood  
Canyon

4500

5000

5500

Cochise  
Head

7000

8500

Coronado  
National



COLIBRI

Vanar NW

Vanar

Vanar

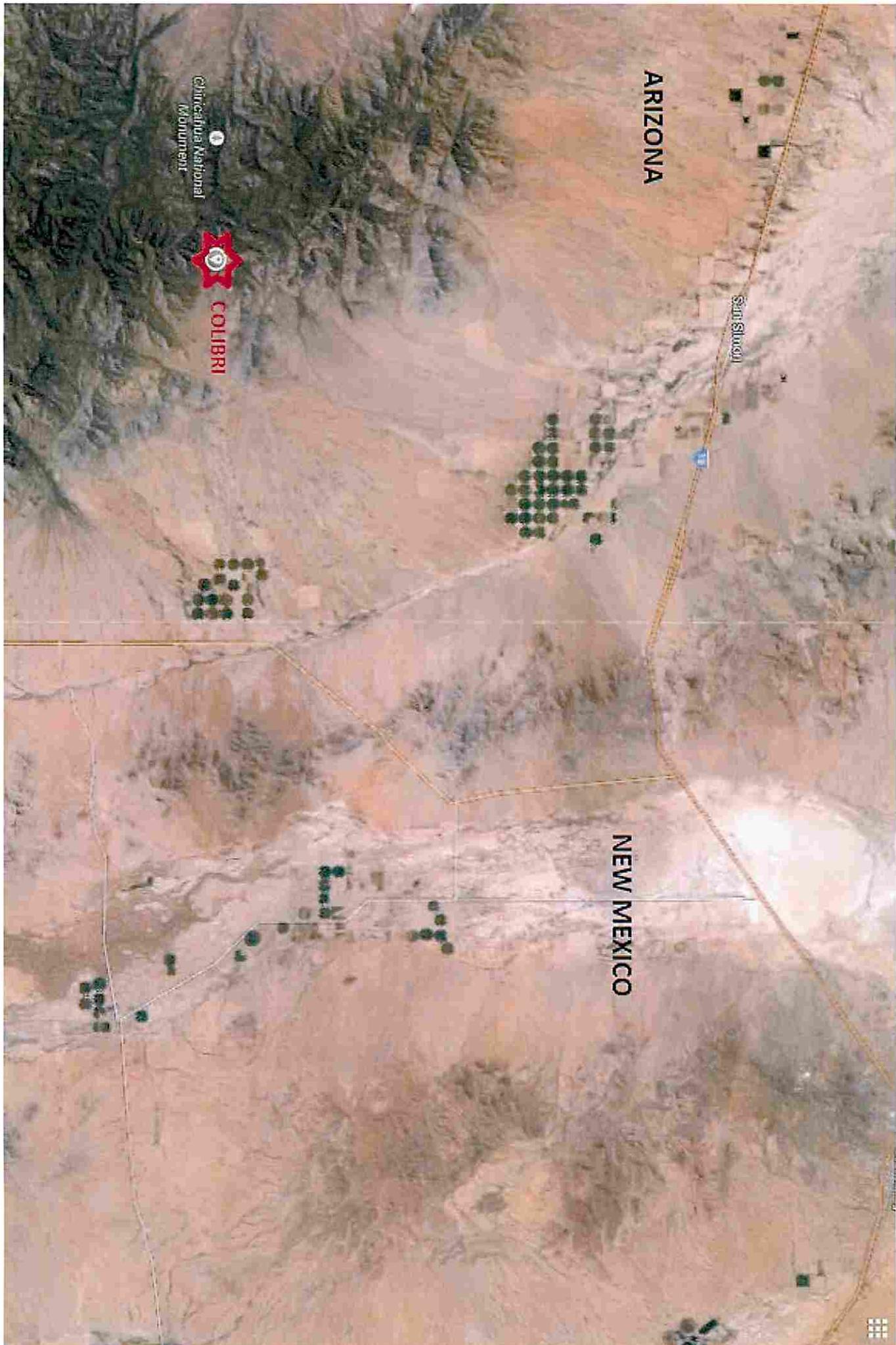
Blue  
Mountain

5000

San  
Simon  
Cienega

4000

80



ARIZONA

San Silvestre

NEW MEXICO

Chiricahua National Monument

 COLIBRI





**Arizona Department of Water Resources**  
 Water Management Division  
 P.O. Box 36020, Phoenix, AZ 85067-6020  
 (602) 771-8527 • (602) 771-8690 fax  
 www.azwater.gov

## Pump Installation Completion Report

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ The registered well owner should file this report with the Department within 30 days following installation of pump equipment.

FILE NUMBER

WELL REGISTRATION NUMBER

55 -

**\*\* PLEASE PRINT CLEARLY \*\***

SECTION 1: REGISTRY INFORMATION						
<b>Well Owner</b>			<b>Location of Well</b>			
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL			WELL LOCATION ADDRESS (IF ANY)			
MAILING ADDRESS			TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE
CITY / STATE / ZIP CODE						40 ACRE
CONTACT PERSON NAME AND TITLE						10 ACRE
TELEPHONE NUMBER			COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)			
FAX			BOOK		MAP	
			PARCEL			
COUNTY WHERE WELL IS LOCATED						

SECTION 2: EQUIPMENT INSTALLED	
DATE PUMP INSTALLED <b>5/10/15</b>	<b>Pitless Adaptor</b>
<b>Pump Type</b>	CHECK ONE (SEE INSTRUCTIONS FOR DEFINITION)
CHECK ONE	Was a pitless adaptor installed? <input type="checkbox"/> Yes
<input type="checkbox"/> Air Lift	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Bucket	IF YES, DEPTH BELOW GROUND LEVEL THE DEVICE WAS INSTALLED
<input type="checkbox"/> Centrifugal	Feet
<input type="checkbox"/> Jet	<b>Power Type</b>
<input type="checkbox"/> Piston	CHECK ONE
<input type="checkbox"/> Rotary	<input type="checkbox"/> Diesel Engine
<input checked="" type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Electric Motor
<input type="checkbox"/> Turbine	<input type="checkbox"/> Gasoline Engine
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Hand
RATED PUMP CAPACITY <b>33</b>	<input type="checkbox"/> Natural Gas
Gallons Per Minute	<input type="checkbox"/> Windmill
	<input type="checkbox"/> Other (please specify):
	HORSE POWER RATING OF MOTOR <b>7 1/2</b>

SECTION 3: PUMP TEST		
<b>Pump Test Data</b>		
DATE WELL TESTED <b>5/18/2014</b>	<b>Method of Discharge Measurement</b>	
STATIC WATER LEVEL (A) <b>25</b> Feet Below Land Surface	CHECK ONE	
PUMPING WATER LEVEL (B) <b>315</b> Feet Below Land Surface	<input type="checkbox"/> Bailer	
DRAWDOWN [(B) - (A)] <b>181</b> Feet Below Land Surface	<input type="checkbox"/> Bucket - Barrel - Stopwatch	
TEST PUMPING RATE <b>45</b> Gallons Per Minute	<input type="checkbox"/> Current	
DURATION OF PUMP TEST (Minimum 4 Hours) <b>16</b> Hours	<input type="checkbox"/> Estimated - Air Lift	
TOTAL PUMPING LIFT <b>181</b> Feet	<input type="checkbox"/> Gauge	
FOR FLOWING WELL, MEASURED SHUT IN HEAD	<input checked="" type="checkbox"/> Meter	
<input type="checkbox"/> FT	<input type="checkbox"/> Orifice	
<input type="checkbox"/> PSI	<input type="checkbox"/> Volume	
	<input type="checkbox"/> Weir - Flume	
	<input type="checkbox"/> Other (please specify):	
	<b>Method of Measuring Water Level</b>	
	CHECK ONE	
	<input type="checkbox"/> Air Line	
	<input checked="" type="checkbox"/> Electric Measuring Line (Sounder)	
	<input type="checkbox"/> Steel Tape	
	<input type="checkbox"/> Other (please specify):	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief according to A.R.S. § 45-600(B).

SIGNATURE OF WELL OWNER

DATE



Arizona Department of Water Resources  
 Information Management Unit  
 PO Box 36020 • Phoenix, Arizona 85067-36020  
 (602) 771-8527 • 602-771-8500

Well Driller Report  
 and  
 Well Log

THIS REPORT MUST BE FILED WITHIN 30 DAYS OF COMPLETING THE WELL.

PLEASE PRINT CLEARLY USING BLACK OR BLUE INK

FILE NUMBER  
**D(18-30) 34 BBB**  
 WELL REGISTRATION NUMBER  
**55 - 223073**  
 PERMIT NUMBER (IF ISSUED)

Drilling Firm	
NAME ELBROCK DRILLING, LLC	DWR LICENSE NUMBER 676
ADDRESS P.O. BOX 67	TELEPHONE NUMBER 505-548-2453
CITY / STATE / ZIP ANIMAS, NM, 88020-0067	FAX

Well Owner		Location of Well					
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL EAST FLANK VINEYARDS, LLC		WELL LOCATION ADDRESS (IF ANY)					
MAILING ADDRESS 1500 N. PAGE SPRINGS RD.		TOWNSHIP (N/S) 16 S	RANGE (E/W) 30 E	SECTION 34	160 ACRE NW 1/4	40 ACRE NW 1/4	10 ACRE NW 1/4
CITY / STATE / ZIP CORNVILLE, AZ, 86325		LATITUDE 31°		LONGITUDE 109° 59' 55.8" W			
CONTACT PERSON NAME AND TITLE		METHOD OF LATITUDE/LONGITUDE (CHECK ONE)			<input checked="" type="checkbox"/> *GPS: Hand-Held		
TELEPHONE NUMBER 928-699-3004		<input type="checkbox"/> USGS Quad Map			<input type="checkbox"/> Conventional Survey		
FAX		LAND SURFACE ELEVATION AT WELL 52.49					
WELL NAME (e.g., MW-1, PZ-3, lot 25 Well, Smith Well, etc.)		METHOD OF ELEVATION (CHECK ONE)			<input checked="" type="checkbox"/> *GPS: Hand-Held		
		<input type="checkbox"/> USGS Quad Map			<input type="checkbox"/> Conventional Survey		
		<input type="checkbox"/> *GPS: Survey-Grade					
*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)							
<input checked="" type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify)							
COUNTY Cochise				ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)			
				BOOK 600	MAP 8	PARCEL 002A	

Drilling Method	Method of Well Development	Method of Sealing at Reduction Points
CHECK ONE <input checked="" type="checkbox"/> Air Rotary <input type="checkbox"/> Bored or Augered <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dual Rotary <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Reverse Circulation <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Air Percussion / Odex Tubing <input type="checkbox"/> Other (please specify)	CHECK ONE <input checked="" type="checkbox"/> Airlift <input type="checkbox"/> Ball <input type="checkbox"/> Surge Block <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify)	CHECK ONE <input checked="" type="checkbox"/> None <input type="checkbox"/> Packed <input type="checkbox"/> Swedged <input type="checkbox"/> Welded <input type="checkbox"/> Other (please specify)
	Condition of Well	Construction Dates
	CHECK ONE <input checked="" type="checkbox"/> Capped <input type="checkbox"/> Pump Installed	DATE WELL CONSTRUCTION STARTED 3-24-14
		DATE WELL CONSTRUCTION COMPLETED 4-1-14

I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.

SIGNATURE OF QUALIFYING PARTY: *Edward Elbrock* DATE: 4/14/14

# Well Driller Report and Well Log

WELL REGISTRATION NUMBER  
55 - 223073

**Well Completion Information**

DEPTH OF BORING: 600 Feet Below Land Surface

DEPTH OF COMPLETED WELL: 320 Feet Below Land Surface

**Well Level Information**

STATIC WATER LEVEL: 22 Feet Below Land Surface

DATE MEASURED: 4-1-14

TIME MEASURED: 10:08 AM

IF FLOWING WELL, METHOD OF FLOW REGULATION:  Valve  Other:

Borehole			Installed Casing														
DEPTH FROM SURFACE		BOREHOLE DIAMETER (Inches)	DEPTH FROM SURFACE		OUTER (Inches)	MATERIAL TYPE (T)				PERFORATION TYPE (T)					SLOT SIZE (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	20	14 3/4	0	20	10 3/4	X					X						
20	60	8 3/4	0	60	8 5/8	X					X						
			40	60	8 5/8	X											3/16
60	600		0	260	5 1/2		X				X						
			260	320	5 1/2		X										.030

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											



NAME OF WELL OWNER <b>EAST FLANK VINEYARDS, LLC</b>		COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)		
BOOK 600	MAP 8	PARCEL 002A		

- ❖ Please draw the following: (1) the boundaries of property on which the well was located; (2) the well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well.
- ❖ Please indicate the distance between the well location and any septic tank system or sewer system.

