



Arizona Department of Water Resources
 Groundwater Permitting and Wells Section
 1802 W Jackson St. Box 79 Phoenix, AZ 85007
 (602) 771-8527 • www.azwater.gov

Project Completion Report for Mineral Exploration Drilling

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ This report should be prepared by the well owner or exploration firm in detail and filed with the Department within 30 days following completion of the project as a whole.

| |
|---|
| FILE NUMBER |
| WELL REGISTRATION NUMBER 55 - |

**** PLEASE PRINT CLEARLY ****

SECTION 1. LOCATION OF WELL

| | | | | | |
|--------------------------------|-------------|---------|---------------------------|--------------------------|--------------------------|
| WELL LOCATION ADDRESS (IF ANY) | | | | | |
| TOWNSHIP (N/S) | RANGE (E/W) | SECTION | 160 ACRE $\frac{1}{4}$ | 40 ACRE $\frac{1}{4}$ | 10 ACRE $\frac{1}{4}$ |

| SECTION 2. OWNER INFORMATION | SECTION 3. DRILLING AUTHORIZATION |
|------------------------------|-----------------------------------|
|------------------------------|-----------------------------------|

| | | |
|---|----------------------|-----|
| Well Owner | Drilling Firm | |
| FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL | NAME | |
| MAILING ADDRESS | DWR LICENSE NUMBER | |
| CITY / STATE / ZIP CODE | TELEPHONE NUMBER | FAX |
| CONTACT PERSON NAME AND TITLE | | |
| TELEPHONE NUMBER | FAX | |

SECTION 4.

| | | | |
|-------------------------------|---|-----------------------------|---|
| DATE DRILLING PROJECT STARTED | DATE DRILLING PROJECT COMPLETED | NUMBER OF HOLES | MAXIMUM DEPTH OF BORING ft. below land surface |
| Casing (if installed) | | Geologic Log of Well | |
| OUTER DIAMETER (inches) | MATERIAL (T) | | |
| | STEEL | PVC | ABS |
| | CHECK ONE | | |
| | <input type="checkbox"/> Unconsolidated Formation | | |
| | <input type="checkbox"/> Consolidated Formation: | | |
| | STATIC WATER LEVEL (IF ENCOUNTERED OR DETECTED) | | |
| | Feet Below Land Surface | | |

SECTION 5. ACTUAL WELL ABANDONMENT DESIGN (if abandoned)

| Casing Treatment (if applicable) | | | | | | Sealing or Fill Material | | | | | | | | | | | | |
|----------------------------------|-----------|----------------------|-----------------|-------------|-------------------------------------|--|--------------------|-------|---------------------|----------|-------------------|------------------------|----------------------|-----------------------|--|-----------------------------|--------------------------------------|------|
| DEPTH FROM SURFACE | | TREATMENT TYPE (T) | | | | | DEPTH FROM SURFACE | | MATERIAL TYPE (T) | | | | | | | MIXING RATIO by (check one) | VOLUME OF MATERIAL USED (cubic feet) | |
| | | SONAR JET | BRUSH OR SCRAPE | MILLS KNIFE | CASING REMOVAL (explain in Remarks) | IF OTHER TYPE, DESCRIBE OR IF CASING WAS PERFORATED, DESCRIBE SPACING AND SIZE OF PERFORATIONS THAT WERE ADDED | | | NEAT CEMENT | CONCRETE | SAND-CEMENT GROUT | CEMENT-BENTONITE GROUT | SAND-BENTONITE GROUT | HIGH SOLIDS BENTONITE | | | | SAND |
| FROM (feet) | TO (feet) | | | | | | GROUT | CHIPS | | | | | | PELLETS | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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REMARKS

I state that this report is filed in compliance with A.A.C. R12-15-817(C) and is complete and correct to the best of my knowledge and belief.

| | | |
|------------------------------|---|------|
| TYPE OR PRINT NAME AND TITLE | SIGNATURE OF WELL OWNER OR EXPLORATION FIRM | DATE |
|------------------------------|---|------|