



ARIZONA DEPARTMENT OF WATER RESOURCES
 Information Management Unit
 P.O. Box 458, Phoenix, Arizona 85001-0458
 (602) 771-8527 * (800) 352-8488
 www.water.az.gov

**Well Driller Report
 and
 Well Log**

Handwritten signature and initials

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

** PLEASE PRINT CLEARLY **

FILE NUMBER D(17-25) 25 BAC
WELL REGISTRATION NUMBER 55- 215802
PERMIT NUMBER (IF ISSUED)

Mail To:	SECTION 1. DRILLING AUTHORIZATION	
	Drilling Firm	
	NAME ALLEN'S WELL SERVICE L.L.C	DWR LICENSE NUMBER 14
	ADDRESS 5509 W. GLEESON ROAD	TELEPHONE NUMBER 520-642-3775
	CITY/STATE/ZIP ELFRIDA, AZ 85610-9050	FAX

SECTION 2. REGISTRY INFORMATION	
Well Owner FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL STEVE STEPHENSON	Location of Well WELL LOCATION ADDRESS (IF ANY)
MAILING ADDRESS PO BOX 691	TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 17S 25E 25 B 1/4 A 1/4 C 1/4
CITY / STATE / ZIP STANFIELD, AZ 85272	LATITUDE LONGITUDE 31 ° 55 ' 55 " N 109 ° 45 ' 18 " W Degrees Minutes Seconds Degrees Minutes Seconds
CONTACT PERSON NAME AND TITLE	METHOD OF LATITUDE / LONGITUDE (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
TELEPHONE NUMBER 540-280-0100	FAX
WELL NAME (e.g., MW-1, PZ-3, Lot 25 Well, Smith Well, etc.)	LAND SURFACE ELEVATION AT WELL 4232 Feet Above Sea Level
	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 type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):
	COUNTY Cochise
	ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL 114 1 092

SECTION 3. WELL CONSTRUCTION DETAILS		
Drill Method 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)	Method of Well Development CHECK ONE <input checked="" type="checkbox"/> Airlift <input type="checkbox"/> Bail <input type="checkbox"/> Surge Back <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify)	Method of Sealing at Reduction Points 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 CHECK ONE <input type="checkbox"/> Capped <input type="checkbox"/> Pump Installed	Construction Dates DATE WELL CONSTRUCTION STARTED 6-13-07 DATE WELL CONSTRUCTION COMPLETED 6-13-07

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.		
DRILLING FIRM Allen's Well Service	SIGNATURE OF QUALIFYING PARTY <i>Harry Allen</i>	DATE 6-18-07