



Arizona Department of Water Resources
 Water Management Division
 P.O. Box 36020 Phoenix, Arizona 85067-6020
 (602) 771-8500 • (602) 771-8690
 · 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	40 ACRE	10 ACRE
			¼	¼	¼

SECTION 2. OWNER INFORMATION

Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL

MAILING ADDRESS

CITY / STATE / ZIP CODE

CONTACT PERSON NAME AND TITLE

TELEPHONE NUMBER

FAX

SECTION 3. DRILLING AUTHORIZATION

Drilling Firm

NAME

DWR LICENSE NUMBER

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)

OUTER DIAMETER (inches)	MATERIAL (T)			IF OTHER TYPE, DESCRIBE
	STEEL	PVC	ABS	

Geologic Log of Well

CHECK ONE

Unconsolidated Formation

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) <input type="checkbox"/> Weight <input type="checkbox"/> Volume	VOLUME OF MATERIAL USED (cubic feet)		
FROM (feet)	TO (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	FROM (feet)	TO (feet)	NEAT CEMENT	CONCRETE	SAND-CEMENT GROUT	CEMENT-BENTONITE GROUT	SAND-BENTONITE GROUT	HIGH SOLIDS BENTONITE	CHIPS			PELLETS	SAND

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