Form No. GWS-31 10/2016	WELL CONSTRUCTION AND YIELD ESTIMATE REPORT State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 www.water.state.co.us and dwrpermitsonline@state.co.us	For Office Use Only

1. Well Permit Number: 61135 - MH **Receipt Number:**

2. Owner's Well Designation: MW1, Monitoring Well

3. Well Owner Name: Blue Chip Oil Inc.

4. Well Location Street Address: 23880 E 152 nd Ave, Adams County

5. GPS Well Location: ☐ Zone 12 ☒ Zone 13 Easting: 525030.2 Northing: 4424060.2 **County:** Adams

6. Legal Well Location: SE 1/4, NW 1/4, Sec., 18 Twp. 155 ☐ N or S ☒, Range 67 ☐ E or W ☒, 6th P.M.
Distances from Section Lines: _____ ft. from ☒ N or S ☐ section line, and _____ ft. from ☒ E or W ☐ section line
Subdivision: _____, Lot _____, Block _____, Filing (Unit) _____

7. Ground Surface Elevation: 5074 feet **Date Completed:** 09/17/2020 **Drilling Method:** Hydraulic Direct Push

8. Completed Aquifer Name : unconfined **Total Depth:** 16 feet **Depth Completed:** 16 feet

9. Advance Notification: Was Notification Required Prior to Construction? ☐ Yes ☒ No, Date Notification Given: _____

10. Aquifer Type: (Check one)
☐ Type I (One Confining Layer) ☐ Type I (Multiple Confining Layers) ☐ Laramie-Fox Hills
☐ Type II (Not overlain by Type III) ☐ Type II (Overlain by Type III) ☒ Type III (alluvial/colluvial)

11. Geologic Log:

Depth	Type	Grain Size	Color	Water Loc.
0-4	brown silty clay	v. fine	br	NA
4-9	brn clay slt silt	v. fine	br	8'
9-14	sand	fine - medium	br	
14- 16	clay	v fine	br	

12. Hole Diameter (in.)

	From (ft)	To (ft)
2 in.	surface	16 ft

13. Plain Casing

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
1 1/4	PVC	1/8	surface	6

Perforated Casing

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
1 1/4	PVC	1/8	10	16

14. Filter Pack:
Material sand
Size _____
Interval 6-16

15. Packer Placement:
Type _____
Depth _____

16. Grouting Record

Material	Amount	Density	Interval	Placement
bentonite			1-6	
concrete			surf -1	

Remarks:

17. Disinfection: Type Amt. Used

18. Well Yield Estimate Data: ☐ Check box if Test Data is submitted on Form Number GWS-39, Well Yield Test Report
Well Yield Estimate Method: _____
Static Level: 7.8
Date/Time measured: 10/14/2020, 12:45
Estimated Production Rate _____ gpm.
Estimate Length (hrs) _____

Remarks:

19. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402 2. The filing of a document that contains false statements is a violation of section 37 91 108(1)(e), C.R.S., and is punishable by fines up to $1,000 and/or revocation of the contracting license. If filing online the State Engineer considers the entry of the licensed contractor's name to be compliance with Rule 17.4.

Company Name:	Email:	Phone w/area code:	License Number:
Mahoney Environmental Consulting Inc	jmahoney2644@comcast.net	(970) 381-5951	

Mailing Address:

Sign (or enter name if filing online)	Print Name and Title	Date:
John F. Mahoney	John Mahoney, President	11/17/2020

Form No. GWS-31 10/2016	WELL CONSTRUCTION AND YIELD ESTIMATE REPORT State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 www.water.state.co.us and dwrpermitsonline@state.co.us	For Office Use Only

1. Well Permit Number: 61135 - MH **Receipt Number:**

2. Owner's Well Designation: MW4, Monitoring Well

3. Well Owner Name: Blue Chip Oil Inc.

4. Well Location Street Address: 23880 E 152 nd Ave, Adams County

5. GPS Well Location: ☐ Zone 12 ☒ Zone 13 Easting: 525031.1 Northing: 4424092.3 **County:** Adams

6. Legal Well Location: SE 1/4, NW 1/4, Sec., 18 Twp. 155 ☐ N or S ☒, Range 67 ☐ E or W ☒, 6th P.M.
Distances from Section Lines: _____ ft. from ☒ N or S ☐ section line, and _____ ft. from ☒ E or W ☐ section line
Subdivision: _____, Lot _____, Block _____, Filing (Unit) _____

7. Ground Surface Elevation: 5073 feet **Date Completed:** 09/17/2020 **Drilling Method:** Hydraulic Direct Push

8. Completed Aquifer Name : unconfined **Total Depth:** 16 feet **Depth Completed:** 16 feet

9. Advance Notification: Was Notification Required Prior to Construction? ☐ Yes ☒ No, Date Notification Given: _____

10. Aquifer Type: (Check one)
☐ Type I (One Confining Layer) ☐ Type I (Multiple Confining Layers) ☐ Laramie-Fox Hills
☐ Type II (Not overlain by Type III) ☐ Type II (Overlain by Type III) ☒ Type III (alluvial/colluvial)

11. Geologic Log:

Depth	Type	Grain Size	Color	Water Loc.
0-4	brown silty clay	v. fine	br	NA
4-9	brn clay slt silt	v. fine	br	8'
9-14	sand	fine - medium	br	
14- 16	clay	v fine	br	

12. Hole Diameter (in.)

	From (ft)	To (ft)
2 in.	surface	16 ft

13. Plain Casing

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
1 1/4	PVC	1/8	surface	6

Perforated Casing

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
1 1/4	PVC	1/8	10	16

14. Filter Pack:
Material: sand
Size: _____
Interval: 6-16

15. Packer Placement:
Type: _____
Depth: _____

16. Grouting Record

Material	Amount	Density	Interval	Placement
bentonite			1-6	
concrete			surf -1	

Remarks:

17. Disinfection: Type Amt. Used

18. Well Yield Estimate Data: ☐ Check box if Test Data is submitted on Form Number GWS-39, Well Yield Test Report
Well Yield Estimate Method: _____
Static Level: 7.47
Date/Time measured: 10/14/2020, 14:50
Estimated Production Rate _____ gpm.
Estimate Length (hrs) _____

Remarks:

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Company Name:	Email:	Phone w/area code:	License Number:
Mahoney Environmental Consulting Inc	jmahoney2644@comcast.net	(970) 381-5951	

Mailing Address:

Sign (or enter name if filing online)	Print Name and Title	Date:
John F. Mahoney	John Mahoney, President	11/17/2020

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1. Well Permit Number: 61135 - MH **Receipt Number:**

2. Owner's Well Designation: MW2, Monitoring Well

3. Well Owner Name: Blue Chip Oil Inc.

4. Well Location Street Address: 23880 E 152 nd Ave, Adams County

5. GPS Well Location: ☐ Zone 12 ☒ Zone 13 Easting: 525019.1 Northing: 4424075.4 **County:** Adams

6. Legal Well Location: SE 1/4, NW 1/4, Sec., 18 Twp. 155 ☐ N or S ☒, Range 67 ☐ E or W ☒, 6th P.M.
Distances from Section Lines: _____ ft. from ☒ N or S ☐ section line, and _____ ft. from ☒ E or W ☐ section line
Subdivision: _____, Lot _____, Block _____, Filing (Unit) _____

7. Ground Surface Elevation: 5073 feet **Date Completed:** 09/17/2020 **Drilling Method:** Hydraulic Direct Push

8. Completed Aquifer Name : unconfined **Total Depth:** 16 feet **Depth Completed:** 16 feet

9. Advance Notification: Was Notification Required Prior to Construction? ☐ Yes ☒ No, Date Notification Given: _____

10. Aquifer Type: (Check one)
☐ Type I (One Confining Layer) ☐ Type I (Multiple Confining Layers) ☐ Laramie-Fox Hills
☐ Type II (Not overlain by Type III) ☐ Type II (Overlain by Type III) ☒ Type III (alluvial/colluvial)

11. Geologic Log:

Depth	Type	Grain Size	Color	Water Loc.
0-4	brown silty clay	v. fine	br	NA
4-9	brn clay slt silt	v. fine	br	8'
9-14	sand	fine - medium	br	
14- 16	clay	v fine	br	

12. Hole Diameter (in.)

	From (ft)	To (ft)
2 in.	surface	16

13. Plain Casing

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
1 1/4	PVC	1/8	surface	6

Perforated Casing

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
1 1/4	PVC	1/8	10	16

14. Filter Pack:
Material: sand
Size: _____
Interval: 6-16

15. Packer Placement:
Type: _____
Depth: _____

16. Grouting Record

Material	Amount	Density	Interval	Placement
bentonite			1-6	
concrete			surf -1	

Remarks:

17. Disinfection: Type Amt. Used

18. Well Yield Estimate Data: ☐ Check box if Test Data is submitted on Form Number GWS-39, Well Yield Test Report
Well Yield Estimate Method: _____
Static Level: 7.8
Date/Time measured: 10/14/2020, 12:45
Estimated Production Rate _____ gpm.
Estimate Length (hrs) _____

Remarks:

19. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402 2. The filing of a document that contains false statements is a violation of section 37 91 108(1)(e), C.R.S., and is punishable by fines up to $1,000 and/or revocation of the contracting license. If filing online the State Engineer considers the entry of the licensed contractor's name to be compliance with Rule 17.4.

Company Name:	Email:	Phone w/area code:	License Number:
Mahoney Environmental Consulting Inc	jmahoney2644@comcast.net	(970) 381-5951	

Mailing Address:

Sign (or enter name if filing online)	Print Name and Title	Date:
John F. Mahoney	John Mahoney, President	11/17/2020

Form No. GWS-31 10/2016	WELL CONSTRUCTION AND YIELD ESTIMATE REPORT State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 www.water.state.co.us and dwrpermitsonline@state.co.us	For Office Use Only

1. Well Permit Number: 61135 - MH **Receipt Number:**

2. Owner's Well Designation: MW3, Monitoring Well

3. Well Owner Name: Blue Chip Oil Inc.

4. Well Location Street Address: 23880 E 152 nd Ave, Adams County

5. GPS Well Location: ☐ Zone 12 ☒ Zone 13 Easting: 525025.4 Northing: 4424099.3 **County:** Adams

6. Legal Well Location: SE 1/4, NW 1/4, Sec., 18 Twp. 155 ☐ N or S ☒, Range 67 ☐ E or W ☒, 6th P.M.
Distances from Section Lines: _____ ft. from ☒ N or S ☐ section line, and _____ ft. from ☒ E or W ☐ section line
Subdivision: _____, Lot _____, Block _____, Filing (Unit) _____

7. Ground Surface Elevation: 5073 feet **Date Completed:** 09/17/2020 **Drilling Method:** Hydraulic Direct Push

8. Completed Aquifer Name : unconfined **Total Depth:** 16 feet **Depth Completed:** 16 feet

9. Advance Notification: Was Notification Required Prior to Construction? ☐ Yes ☒ No, Date Notification Given: _____

10. Aquifer Type: (Check one)
☐ Type I (One Confining Layer) ☐ Type I (Multiple Confining Layers) ☐ Laramie-Fox Hills
☐ Type II (Not overlain by Type III) ☐ Type II (Overlain by Type III) ☒ Type III (alluvial/colluvial)

11. Geologic Log:

Depth	Type	Grain Size	Color	Water Loc.
0-4	brown silty clay	v. fine	br	NA
4-9	brn clay slt silt	v. fine	br	8'
9-14	sand	fine - medium	br	
14- 16	clay	v fine	br	

12. Hole Diameter (in.)

	From (ft)	To (ft)
2 in.	surface	16

13. Plain Casing

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
1 1/4	PVC	1/8	surface	6

Perforated Casing

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
1 1/4	PVC	1/8	10	16

14. Filter Pack:
Material: sand
Size: _____
Interval: 6-16

15. Packer Placement:
Type: _____
Depth: _____

16. Grouting Record

Material	Amount	Density	Interval	Placement
bentonite			1-6	
concrete			surf -1	

Remarks:

17. Disinfection: Type Amt. Used

18. Well Yield Estimate Data: ☐ Check box if Test Data is submitted on Form Number GWS-39, Well Yield Test Report
Well Yield Estimate Method: _____
Static Level: 7.8
Date/Time measured: 10/14/2020, 14:05
Estimated Production Rate _____ gpm.
Estimate Length (hrs) _____

Remarks:

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Mahoney Environmental Consulting Inc	jmahoney2644@comcast.net	(970) 381-5951	

Mailing Address:

Sign (or enter name if filing online)	Print Name and Title	Date:
John F. Mahoney	John Mahoney, President	11/17/2020