FORM U.W.6
REV. 5-93

STATE OF WYOMING

OFFICE OF THE STATE ENGINEER
HERSCHLER BUILDING
CHEYENNE, WYOMING 82002
(307) 777-5959

STATEMENT OF COMPLETION AND DESCRIPTION OF WELL OR SPRING

NOTE: Do not fold this form. Use typewriter or print neatly with black ink.

PERMIT NO. U.W. 107107 NAME OF WELL (SPRING) MELTON #1

1. NAME OF OWNER JAMES E AND NANCY L MELTON

2. ADDRESS N145 Old Hwy 35
Please check if address has changed from that shown on permit. ☐
City Stoddard State Wi. Zip Code 54658 Phone No. 608-788-4358

3. USE OF WATER: Domestic ☒ Stock Watering ☐ Irrigation ☐ Municipal ☐ Industrial ☐ Miscellaneous ☐
Explain proposed use (Example: One single family dwelling) Single family dwelling - Domestic

4. LOCATION OF WELL (SPRING): SE ¼ NW ¼ of Section 32, T. 58 N., R. 102 W., of the 6th P.M. (or W.R.M.),
Subdivision Name Line Creek Wilderness Sub. Lot 36 Block N/A
If surveyed, bearing, distance and reference point: N/A

5. TYPE OF CONSTRUCTION: Drilled ☒ Rotery (Type of Rig) Dug ☐ Driven ☐ Other ☐
Describe:

6. CONSTRUCTION: Total Depth of Well/Spring 170 ft. Depth to Static Water Level 48 ft. (Below land surface)
a. Diameter of borehole (Bit size) 8 3/4 inches.

b. Casing Schedule New ☒ Used ☐
6 5/8 diameter from 1 1/2 ft. to 27 ft. Material Steel Gage .250
4 1/2 diameter from 27 ft. to 170 ft. Material Plastic Gage -

c. Was casing cemented: Yes ☒ No ☐ Cemented Interval, From 0 feet to 12 feet.

d. Number of sacks of cement used _____ type of cement Bentonite

e. Perforations: Type of perforator used Saw
Size of perforations 1/8 inches by 6 inches.
Number of perforations and depths where perforated:
50 perforations from 50 ft. to 160 feet.
_____ perforations from _____ ft. to _____ feet.

f. Was well screen installed? Yes ☐ No ☒
Diameter: _____ slot size: _____ set from _____ feet to _____.
Diameter: _____ slot size: _____ set from _____ feet to _____.

g. Was well gravel packed? Yes ☐ No ☒ Size of gravel _____

h. Was surface casing used: Yes ☒ No ☐ Was it cemented in place? Yes ☐ No ☐

7. NAME & ADDRESS OF DRILLING COMPANY A Aqua Drilling Inc Box 114 Joliet MT 59041

8. DATE OF COMPLETION OF WELL (including pump installation) OR SPRING (first used) 3-17-98

9. PUMP INFORMATION: Manufacturer Gould Type Submersable
Source of power Electric Horsepower 1/2 Depth of Pump Setting or intake 160
Amount of Water Being Pumped 5 Gallons Per Minute. (For Springs or flowing wells, see item 10.)
Total Volumetric Gallons Used Per Calendar Year. N/A per letter rec'd 4-3-98 BS

10. FLOWING WELL (Owner is responsible for control of flowing well). N/A
If well yields artesian flow, yield is _____ gal./min. Surface pressure is _____ lb./sq. inch, or _____ feet of water.
The flow is controlled by: valve ☐ cap ☐ plug ☐
Does well leak around casing? Yes ☐ No ☐

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11. If spring, how was it constructed? (Some method of artificial diversion, i.e., spring box, cribbing, etc., is necessary to qualify for a water right.) N/A

12. PUMP TEST: Was a pump test made? Yes ☐ No ☒
If so, by whom _____ Address _____
Yield: _____ gal./min. with _____ foot drawdown after _____ hours.
Yield: _____ gal./min. with _____ foot drawdown after _____ hours.

13. LOG OF WELL: Total depth drilled 170 feet.
Depth of completed well 170 feet. Diameter of well 4 1/2 inches.
Depth to first water bearing formation 100 feet.
Depth to principal water bearing formation. Top 100 feet to Bottom 160 feet.

Ground Elevation, if known u.k

DRILL CUTTINGS DESCRIPTION:

From Feet	To Feet	Material Type, Texture Color	Remarks (Cementing, Shutoff)	Indicate Water Bearing Formation & Name	Indicate Perforated Casing Location
0	1	Top Soil			
1	27	Coarse gravel	Grouted To 12 feet		
27	40	Sand stone			
40	42	Shale			
42	51	Sandstone			Perforated Casing
51	66	hard sand stone			
66	69	Cemented gravel			
69	74	Sandstone			
74	76	Shale			
76	80	Sandy Shale			
80	83	Cemented gravel			
83	106	Sandstone		water - Sandstone	
106	108	Sandy shale			
108	160	Sandstone			
160	170	Shale			

14. QUALITY OF WATER INFORMATION:
Does a chemical and/or bacteriological water quality analysis accompany this form? Yes ☐ No ☒
It is recommended that chemical and bacteriologic water quality analyses be performed and that the report(s) be filed with the records of this well. (Contact Department of Agriculture, Analytical Lab Services, Laramie, 742-2984.)
If not, do you consider the water as: Good ☐ Acceptable ☒ Poor ☐ Unusable ☐

REMARKS: _____

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct and complete.

James E Melton
Signature of Owner or Authorized Agent

3-24-98, 19 98
Date

UW 107107

FOR STATE ENGINEER'S USE ONLY

Date of Receipt MAR 26 1998, 19 ____

Date of Priority AUG 18 1997, 19 ____

Date of Approval April 7, 19 98

for State Engineer