T-03352
TRN-220829

File Number: T 03352

NEW MEXICO OFFICE OF THE STATE ENGINEER
PROOF OF COMPLETION OF WELL

1. OWNER OF WELL (PERMITTEE)

Name: Anthony and Patsy Sanchez
Contact:
Address: PO Box 637
City: Carrizozo, State: NM Zip: 88301
Work Phone: (505) 648-2326
Home Phone: (505) 648-2326

2. LOCATION OF WELL ((A, B, C, or D required, E or F if known)

A. NE 1/4 NW 1/4 NE 1/4 Section: 29 Township: 7S Range: 10E N.M.P.M. in Lincoln County.

B. X = _____ feet, Y = _____ feet, N.M. Coordinate System _____ Zone in the _____ Grant.
U.S.G.S. Quad Map _____

C. Latitude: ____d ____m ____s Longitude: ____d ____m ____s

D. East _____ (m), North _____ (m), UTM Zone 13, NAD __ (27 or 83)

E. Tract No. ____, Map No. ____ of the _____ Hydrographic Survey

F. Lot No. ____, Block No. ____ of Unit/Tract _____ of the _____ Subdivision recorded in _____ County.

G. Other: _____

H. Give State Engineer File Number if existing diversion: _____

I. On land owned by (required): Applicant

3. WELL INFORMATION

Depth of well 150 feet; Is well cased: Y;
Outside diameter of top casing (or hole if not cased) 5" inches;
If artesian, is well equipped with gate valve: __;
Name of well driller and driller license number NM. Drilling Inc.;
Date well completed: 10/8/98.

NM STATE ENGINEER FIELD OFFICE
OCT 31 2003
FILED

November 7, 2003

07S.10E.29.212
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4. PUMP TEST

(To be supplied by person or firm making test)

Name and address of the person making the test: _____

Date of test _____; Length of test _____ hours;
Depth to water before test _____ feet (above or below) land surface;
Depth to water after test _____ feet (above or below) land surface;
Average discharge _____ GPM;
Specific capacity of well _____ GPM per foot drawdown.

Please attach pump test data.

5. PERMANENT PUMP EQUIPMENT

A. DESCRIPTION OF PUMP

Make: Grundfos; Type: 1 HP;
Size of discharge: _____ inches;
If turbine type, give size of column 1 1/4 inches;
Diameter of bowls _____ inches; Number of bowls _____;
Length of suction pipe _____ feet;
Total length of column, bowls and suction pipe _____ feet;
If centrifugal type, give size of pump _____ inches;
Rated capacity of pump, if known 25 GPM; At 4x4 rev. per min.,
From a depth of 120 feet.

B. DESCRIPTION OF POWER PLANT

Make, type, horsepower, etc., of power plant: 1 HP Electric
Type of drive connection to pump: Direct
(direct, gearhead, or belt)

C. DISCHARGE OF PUMP

Actual discharge of pump 25 GPM, at _____ rev. per min.,
From a depth of 120 feet; Date of test not tested

6. DESCRIPTION OF STORAGE RESERVOIR

Length _____ feet; Width _____ feet; Average depth _____ feet.

(3) 2'x8' drinkers, (1) 3X4 drinker, (1) dirt tank

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Form: wr-11

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ACKNOWLEDGEMENT FOR NATURAL PERSONS

(I, We) ANTHONY and Patsy Sanchez (Please Print) affirm that the foregoing statements are true to the best of (my, our) knowledge and belief.

Permittee Signature _____ Permittee Signature _____.

STATEMENT OF THE STATE ENGINEER'S REPRESENTATIVE

Well record filed: 1/25/99 (mm/dd/year); Field Check: 1/30/01 (mm/dd/year);

Comments: _____

John R.D'Antonio,Jr., STATE ENGINEER

By: BY _____

Title: David Bernardone
Water Resource Specialist

Date: _____

NM STATE ENGINEER
FIELD OFFICE
OCT 31 2003
FILED

November 7, 2003

07S.10E.29.212
TRN220829

File Number: _____ Trn Number: _____

Form: wr-11

John R. D Antonio, Jr., P.E.
State Engineer

Las Cruces Office
PO BOX 729
LAS CRUCES, NM 88004-0729

STATE OF NEW MEXICO
OFFICE OF THE STATE ENGINEER

Trn Nbr: 220829
File Nbr: T 03352
Well File Nbr: T 03352

November 7, 2003

ANTHONY SANCHEZ
P.O. BOX 637
CARRIZOZO, NM 88301

Greetings:

Enclosed is your copy of Proof of Completion of Well for the above numbered well which has been accepted for filing with benefit of field check by State Engineer Office personnel.

Field check done by D.Bernardone 1/30/01.

Sincerely,

David Bernardone
(505)524-6161

Enclosure
cc: Santa Fe Office

pcwrcv