FORM U.W.6
Rev. 1/07

STATE OF WYOMING

OFFICE OF THE STATE ENGINEER
HERSCHLER BLDG., 4-E
CHEYENNE, WYOMING 82002

(307) 777-6163

STATEMENT OF COMPLETION AND DESCRIPTION OF WELL OR SPRING

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

PERMIT NO. U.W._____ NAME OF WELL/SPRING _____

1. NAME OF OWNER _____

2 ADDRESS _____
☐ Please check if address has changed from that shown on permit

City_____ State_____ Zip Code_____ Phone No. _____

3. USE OF WATER ☐ Domestic ☐ Stock Watering ☐ Irrigation ☐ Municipal ☐ Industrial ☐ Miscellaneous
☐ Monitor or Test ☐ Coal Bed Methane Explain proposed use (Example: One single family dwelling) _____

_____

4. LOCATION OF WELL/SPRING _____ 1/4 _____ 1/4 of Section _____ T, _____N.,R._____W., of the 6th P.M. (or W.R.M.)
Subdivision Name_____ Lot_____ Block _____
Resurvey Location Tract _____ or Lot _____ Datum ☐ NAD27 ☐ NAD83 _____
Geographic Coordinates: Latitude _____ N Longitude _____ W (degrees, minutes, seconds)
UTM: Zone _____ Northing _____ Easting _____(meters)
State Plane Coordinates: Zone_____ Northing _____ Easting _____(feet)
Land surface elevation (ft. above mean sea level) _____ Datum ☐ NAVD29 ☐ NAVD88
Source ☐ GPS ☐ Map ☐ Survey ☐ Unkown ☐ Other ☐ Altimeter (for elevation only)

5. TYPE OF CONSTRUCTION ☐ Drilled _____ ☐ Dug ☐ Driven ☐ Other
Describe _____

6. CONSTRUCTION Total depth of well/spring _____ ft.
Depth of static water level_____ ft. (below land surface) Casing height _____ ft. above ground
a. Diameter of borehole (bit size)_____ inches
b. Casing schedule ☐ New ☐ Used Joint type ☐ Threaded ☐ Glued ☐ Welded
_____ diameter from _____ ft. to _____ft. Material_____Gage _____
_____ diameter from _____ ft. to _____ft. Material_____Gage _____
c. Cemented/grouted interval, from _____ ft. to_____ft.
Amount of cement/grout used_____ (example: 10 sacks) type _____ (example: bentonite pellets)
d. Type of completion ☐ Customized perforations ☐ Open hole ☐ Factory screen
Type of perforator used _____
Size of perforations_____ inches by_____inches.
Number of perforations and depths where perforated
_____ perforations from _____ ft. to _____ft.
_____ perforations from _____ ft. to _____ft.
Open hole from _____ ft. to _____ft.
Well screen details
Diameter _____ slot size_____ set from _____ ft. to _____ft.
Diameter _____ slot size_____ set from _____ ft. to _____ft.
e. Well development method_____ How long was well developed? _____
f. Was a filter/gravel pack installed? ☐ Yes ☐ No Size of sand/gravel _____
Filter/gravel pack installed from _____ ft. to _____ft.
g. Was surface casing used? ☐ Yes ☐ No Was it cemented in place? ☐ Yes ☐ No
Surface casing installed from _____ ft. to _____ft.

7. NAME AND ADDRESS OF DRILLING COMPANY _____

8. DATE OF COMPLETION OF WELL (including pump installation) OR SPRING (first used) _____

9. PUMP INFORMATION Manufacturer_____ Type _____
Source of power_____ Horsepower_____ Depth of pump setting or intake_____ ft.
Amount of water being pumped_____ gal./min.* (For springs or flowing wells, see item 10)
Total volumetric quantity used per calendar year.* _____
*If these amounts exceed permitted amount an enlargement is required.

10. FLOWING WELL OR SPRING (Owner is responsible for control of flowing well)
If artesian flow or spring, 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

Permit No. U.W._____ Book No._____ Page No. _____

SEE REVERSE SIDE

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)_____

_____

_____

12. PUMP TEST Was a pump test conducted? ☐ Yes ☐ No

If so, by whom_____ _____

Yield _____gal./min. with _____ ft. drawdown after _____ hours

Yield _____gal./min. with _____ ft. drawdown after _____ hours

13. LOG OF WELL Total depth drilled _____ ft.

Depth of completed well_____ft. Diameter of well_____inches

Depth to first water bearing formation _____ ft.

Depth to principal water bearing formation Top_____ ft. to Bottom_____ft.

DRILL CUTTINGS DESCRIPTION

From Feet	To Feet	Rock Type or Description	Formation	Water Bearing? (Yes or no)
Surface				

14. DOES A GEOPHYSICAL LOG ACCOMPANY THIS FORM? ☐ Yes ☐ No

15. 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.

_____ _____ ,20 _____

Signature of Owner or Authorized Agent Date

FOR STATE ENGINEER'S USE ONLY

Permit No. U.W. _____

Date of Receipt _____ , 20_____ Date of Approval_____ , 20_____

Date of Priorty _____ , 20_____ _____

for State Engineer