



**Well Abandonment Completion Report**

- Review instructions prior to completing form in black or blue ink.
- The drilling firm or single well licensee must file this report within 30 days of completion of abandonment. (A.R.S. § 45-594, A.A.C. R12-15-816)

FILE NUMBER

WELL REGISTRATION NUMBER

55-602172

\*\* PLEASE PRINT CLEARLY \*\*

**SECTION 1. ABANDONMENT AUTHORIZATION**

**Drilling Firm**

<b>Mail To:</b>	NAME	CET Inc.	DWR LICENSE NUMBER	331
	ADDRESS	PO Box 268	TELEPHONE NUMBER	928-420-6639
	CITY / STATE / ZIP	Chino Valley, AZ 86323	FAX	

**SECTION 2. REGISTRY INFORMATION**

**Well Owner Information**

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	CONTACT PERSON NAME AND TITLE
Yavapai County	Brandon Shultz
MAILING ADDRESS	TELEPHONE NUMBER
1015 Fair St	(928) 771-3115
CITY / STATE / ZIP CODE	FAX
Prescott, AZ 86301	

**Location of Well**

WELL LOCATION ADDRESS (IF ANY)						LATITUDE			LONGITUDE		
1455 Sun Dog Ranch Rd						Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
TOWNSHIP (NS)	RANGE (EW)	SECTION	180 ACRE	40 ACRE	10 ACRE	LAND SURFACE ELEVATION AT WELL					
14N	2W	25	NW $\frac{1}{4}$	NW $\frac{1}{4}$	SE $\frac{1}{4}$	Feet Above Sea Level					
COUNTY ASSESSOR'S PARCEL ID NUMBER						METHOD OF LATITUDE/LONGITUDE (CHECK ONE)					
BOOK	MAP	PARCEL				<input type="checkbox"/> USGS Quad Map	<input type="checkbox"/> Conventional Survey	<input type="checkbox"/> *GPS: Hand-Held			
105	06	003B				*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)					
						<input type="checkbox"/> NAD-83	<input type="checkbox"/> Other (please specify):				

**SECTION 3.**

Questions	Yes	No	Explanation:
1. To your knowledge, is there any information that exists which indicates that the water in this well has been, may be or is contaminated?		✓	IF YES, EXPLAIN (ATTACH ADDITIONAL PAGE IF NECESSARY)
2. Is there another well name or identification number associated with this well? (e.g., MW-1, PZ-4, Lot 29 Well, Smith Well, etc.)		✓	IF YES, PLEASE STATE
3. Prior to abandonment, did the well have 20' of surface casing AND 20' of grout in the annular space surrounding the casing?	✓		If no, was the top 20' of casing removed prior to setting the cement plug? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Was the well backfilled above the cement plug?		✓	
5. Was the well casing video logged?		✓	
6. Why was the well abandoned?	per City of Prescott agreement		

**SECTION 4. ORIGINAL WELL CONSTRUCTION DESIGN** (attach additional page if needed)

Existing Borehole			Existing Casing (to the best of your knowledge)												
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE ( T )			PERFORATION TYPE ( T )				SLOT SIZE IF ANY (inches)		
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN		MILLS KNIFE	SLOTTED
0	19	8"	0	19	6"	X				X					
19	170	6"													

Condition of casing:  Good  Fair  Poor

**Existing Annular Material** (to the best of your knowledge)

DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE ( T )							FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				
0	20			X								

**SECTION 5. ACTUAL WELL ABANDONMENT DESIGN** (attach additional page if needed)

Refer to ADWR's Well Abandonment Handbook for additional information.

DEPTH TO WATER

Dry Feet Below Land Surface

DATE ABANDONMENT COMPLETED

9-29-20

Casing Treatment					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 checked="" 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
							0	170	X										27

**Actual Abandonment Method** (See Well Abandonment Handbook)

CHECK ONE

- Standard Method   
  Alternative 4:   
  Other (please specify):  
 Alternative 1   
  Variance Option  
 Alternative 2   
  Alternative 5:  
 Alternative 3   
  Variance Option 1  
                                 
  Variance Option 2

**Emplacement Method of Sealing or Fill Material**

CHECK ONE

- Gravity  
 Pressure Grouting  
 Tremie Pumped  
 Other (please specify):

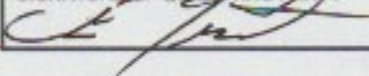
REMARKS

I state that this notice is filed in compliance with A.R.S. § 45-594 and A.A.C. R12-15-616 and is complete and correct to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE

CE Tischler

SIGNATURE OF QUALIFYING PARTY



DATE

10-24-20



Well Abandonment Completion Report

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FILE NUMBER
WELL REGISTRATION NUMBER 55-602178

\*\* PLEASE PRINT CLEARLY \*\*

SECTION 1. ABANDONMENT AUTHORIZATION

Drilling Firm

Mail To:	NAME CET Inc.	DWR LICENSE NUMBER 331
	ADDRESS PO Box 268	TELEPHONE NUMBER 928-420-6639
	CITY / STATE / ZIP Chino Valley, AZ 86323	FAX

SECTION 2. REGISTRY INFORMATION

Well Owner Information

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL Yavapai County	CONTACT PERSON NAME AND TITLE Brandon Shoultz
MAILING ADDRESS 1015 Fair St	TELEPHONE NUMBER (928) 771-3115
CITY / STATE / ZIP CODE Prescott, AZ 86301	FAX

Location of Well

WELL LOCATION ADDRESS (IF ANY) 1455 Sun Dog Ranch Rd					LATITUDE			LONGITUDE		
					Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
TOWNSHIP (N/S) 14N	RANGE (E/W) 2W	SECTION 25	1/4 ACRE NW 1/4	40 ACRE NW 1/4	10 ACRE SE 1/4	LAND SURFACE ELEVATION AT WELL Feet Above Sea Level				
COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK 105 MAP 06 PARCEL 003B					METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade *IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE) <input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):					

SECTION 3.

Questions	Yes	No	Explanation:
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4. Was the well backfilled above the cement plug?		✓	
5. Was the well casing video logged?		✓	
6. Why was the well abandoned?			per city of Prescott agreement

Well Abandonment Completion Report

WELL REGISTRATION NUMBER

55-602178

SECTION 4. ORIGINAL WELL CONSTRUCTION DESIGN (attach additional page if needed)

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FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE		SLOTTED	IF OTHER TYPE, DESCRIBE
0	19	10"	0	19	8 9/8"											
19	170	8"														

Condition of casing:  Good  Fair  Poor

Existing Annular Material (to the best of your knowledge)

DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE ( T )							FILTER PACK		
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS			
0	19			X							

SECTION 5. ACTUAL WELL ABANDONMENT DESIGN (attach additional page if needed)

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DEPTH TO WATER

Feet Below Land Surface

DATE ABANDONMENT COMPLETED

9-29-20

Casing Treatment					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 checked="" 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		
None							-2	170	X									45

Actual Abandonment Method (See Well Abandonment Handbook)

CHECK ONE  
 Standard Method  
 Alternative 1  
 Alternative 2  
 Alternative 3  
 Alternative 4  
 Variance Option  
 Alternative 5  
 Variance Option 1  
 Variance Option 2  
 Other (please specify):

Emplacement Method of Sealing or Fill Material

CHECK ONE  
 Gravity  
 Pressure Grouting  
 Tremie Pumped  
 Other (please specify):

REMARKS

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TYPE OR PRINT NAME AND TITLE

CE Tischler

SIGNATURE OF QUALIFYING PARTY

*[Signature]*

DATE

10-24-20