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|-------------------------|---|---------------------|
| Form No. GWS-11 11/2011 | <b>COLORADO DIVISION OF WATER RESOURCES<br/>DEPARTMENT OF NATURAL RESOURCES</b><br>1313 Sherman St., Ste 821, Denver, CO 80203<br>Main: (303) 866-3581 Fax: (303) 866-2223 dwrpermitsonline@state.co.us | For Office Use Only |
|-------------------------|---|---------------------|

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**MAY 27 2014**

**WATER RESOURCES  
STATE ENGINEER  
COLO**

**CHANGE IN OWNER NAME/ADDRESS  
CORRECTION OF THE WELL LOCATION**

Review instructions on the reverse side prior to completing the form.

Name, address and phone of person claiming ownership of the well permit:

Name(s): Daniel P. Thompson and Marilee A. Thompson

Mailing Address: 7696 Oak Street

City, St. Zip: Arvada, CO 80005

Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

This form is filed by the named individual/entity claiming that they are the owner of the well permit as referenced below. This filing is made pursuant to C.R.S. 37-90-143.

WELL LOCATION: Well Permit Number: 52869-F Receipt No.: \_\_\_\_\_ Case Number: \_\_\_\_\_

County Fremont Well Name or # (optional) \_\_\_\_\_

42 Holiday Hills Blvd. Howard CO 81233

(Address) (City) (State) (Zip)

SW 1/4 of the SW 1/4, Sec. 35, Twp. 49  N. or  S., Range 10  E. or  W., N.M. \_\_\_\_\_ P.M.

Distance from Section Lines: 290 Ft. From  N. or  S., 320 Ft. From  E. or  W. Line.

OR: GPS well location information in UTM format. You must check GPS unit for required settings as follows:  
Format must be UTM,  zone 12 or  zone 13; Units must be meters; Datum must be NAD83; Unit must be set to true north.

Easting \_\_\_\_\_ Northing \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_, Block \_\_\_\_\_, Filing/Unit \_\_\_\_\_

The above listed owner(s) say(s) that he, she (they) own the well permit described herein. The existing record is being amended for the following reasons:

- Change in name of owner
- Change in mailing address
- Correction of location for exempt wells permitted prior to May 8, 1972 and non-exempt wells permitted before May 17, 1965.

Please see the reverse side for further information regarding correction of the well location.

I (we) claim and say that I (we) (am) (are) the owner(s) of the well permit described above, know the contents of the statements made herein, and state that they are true to my (our) knowledge.

|   |                               |                   |
|---|-------------------------------|-------------------|
| Sign or enter the name(s) of the new owner(s) | If signing print name & title | Date (mm/dd/yyyy) |
| Daniel P. Thompson and Marilee A. Thompson    |                               | 05/22/2014        |

It is the responsibility of the new owner of this well permit to complete and/or sign this form. If an agent is signing or entering information please see instructions.

Please send confirmation of acceptance of change in owner name/address via:  Email address listed above  US Mail

**ACCEPTED AS A CHANGE OF OWNERSHIP  
AND/OR MAILING ADDRESS**

Dick Wolfe By [Signature]

Date 5-28-14