



Arizona Department of Water Resources
 Groundwater Management Support Section
 P.O. Box 458 • Phoenix, Arizona 85001-0458
 (602) 417-2470 • (800) 352-8488
 www.water.az.gov

Request to Change Well Information

RECEIVED
 JAN 20 2000
 INFORMATION MANAGEMENT

FILE NUMBER
 WELL REGISTRATION NUMBER
 55-590897

- Review instructions prior to completing form in black or blue ink.
- You must include with your Notice:
 - check or money order for any required fee(s)
- Authority for fee: A.A.C. R12-15-151(B)(4)(a), A.R.S. § 45-151(B)(4)(a)

** PLEASE PRINT CLEARLY **

SECTION 1: REGISTRY INFORMATION	
Well Owner FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	Location of Well WELL LOCATION ADDRESS (IF ANY) PTN. PARCEL "D"
MAILING ADDRESS	TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 22N 16W 22 1/4 1/4 1/4
CITY / STATE / ZIP CODE	LATITUDE LONGITUDE Degrees Minutes Seconds Degrees Minutes Seconds "N" "W"
CONTACT PERSON NAME AND TITLE	COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL 310 15 013
TELEPHONE NUMBER FAX	COUNTY WHERE WELL IS LOCATED MOHAVE

Type of Request (CHECK ONE)

Change of Well Drilling Contractor (Fill out Section 2)

Change of Well Ownership (Fill out Section 3)

Change of Well Information (location, use, etc.) (Fill out Section 4)

SECTION 2: REQUEST TO CHANGE WELL DRILLING CONTRACTOR (\$10 Fee Required)

If drilling or abandoning a well, the Department must receive this request and issue authorization to the new drilling firm prior to the commencement of well drilling or abandonment. **\$10 FEE**

Current Well Drilling Contractor	New Well Drilling Contractor	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
DWR LICENSE NUMBER	DWR LICENSE NUMBER	ROC LICENSE CATEGORY
TELEPHONE NUMBER FAX	TELEPHONE NUMBER	FAX

SECTION 3: STATEMENT OF CHANGE OF WELL OWNERSHIP (\$10 Fee Required)

If this change pertains to more than one well and the names are the same, only one \$10 fee is required. **\$10 FEE**

Previous Well Owner	New Well Owner	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
MAILING ADDRESS	MAILING ADDRESS	
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE	
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE	
TELEPHONE NUMBER FAX	TELEPHONE NUMBER	FAX

SECTION 4: CHANGE OF WELL INFORMATION (No Fee Required) **NO FEE**

NOTE: Applies only to wells that have already been drilled. For proposed wells, an amended Notice of Intent to Drill a Well must be filed.

EXPLAIN

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE: JOHN G. LINGENFELTER

SIGNATURE OF WELL OWNER: [Signature]

DATE: 1/12/00

LEGAL	REG. NO	OWNER	WELL TYPE	WTR USE	GPM	WELL DEP	CAS DP	CAS DIA	WTR LVL	LOG CRT	CXI
1 B(22-16)3 CBB	55-805941	HAFLEY FAMILY LTD, LINGENFELTER	NON-EXEMPT	NONE	0	0	0	20	2120		
2 B(22-16)3 CBB	55-808404	INVESTMENTS LIMITED PARTNERSHIP	NON-EXEMPT	STOCK							
3 B(22-16)10 BCC	55-501157	NEAL, J.L. FAMILY,	NON-EXEMPT	IRRIGATION	0	900	0	0	0		Y
4 B(22-16)10 CAA	55-593058	LINGENFELTER INVESTMENTS LIMITED PARTNERSHIP	NON-EXEMPT	MUNICIPAL		1020	1020	18	526'X		
5 B(22-16)15 AAB	55-590897	JOHN G LINGENFELTER	NON-EXEMPT	DOMESTIC		800	800	9	580 X		
6 B(22-16)15 CCC	55-612657	KINGMAN, CITY OF,	NON-EXEMPT	MUNICIPAL	1650	1000	1000	16	500		
7 Count:	6										

REGISTERED WELLS

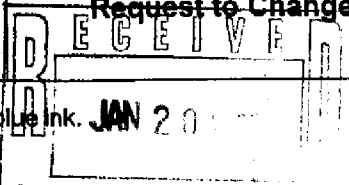
wrcpi

DATA FROM WELLS-55 IS NOT VERIFIED INFORMATION
Registration Nos. are duplicated when there are multiple uses



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- Authority for fee: A.A.C. R12-15-151(B)(4)(a), A.R.S. § 45-113(B)

** PLEASE PRINT CLEARLY **

SECTION 1. REGISTRY INFORMATION						
Well Owner FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL				Location of Well WELL LOCATION ADDRESS (IF ANY)		
MAILING ADDRESS				TOWNSHIP (N/S)	RANGE (E/W)	SECTION
				160 ACRE	40 ACRE	10 ACRE
				22N	16W	22
				1/4	1/4	1/4

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER



First American Title Insurance Agency of
Mohave, Inc.
2213 Stockton Hill Road
Kingman, AZ 86401
(928)753-5578

PR. 4000
Ofc. 4291 (275)

Chase - Commercial Client Services

291369582

91-2/1221

Date 01/13/2006

FILE NO. 291-4559437

PAY *****\$10.00*****

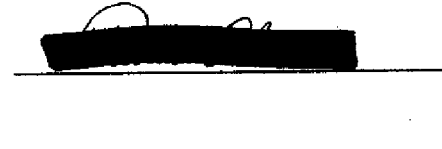
DOLLARS

\$*****10.00

Re:

Escrow Trust Account
VOID AFTER 180 DAYS

TO THE ORDER OF Arizona Department of Water Resources Groundwater Management Support
P O Box 458
Phoenix, AZ 85001-0458



SECTION 3. STATEMENT OF CHANGE OF WELL OWNERSHIP (\$10 Fee Required) **\$10 FEE**

♦ If this change pertains to more than one well and the names are the same, only one \$10 fee is required.

Previous Well Owner		New Well Owner	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
JOHN G. LINDBENFELTER		CASTLE ARCH REAL ESTATE CO	
MAILING ADDRESS		MAILING ADDRESS	
1080 RIATA DR		9595 WILSHIRE BLVD. S-1000	
CITY / STATE / ZIP CODE		CITY / STATE / ZIP CODE	
KINGMAN, AZ. 86401		BEVERLY HILLS, CA. 90212	
CONTACT PERSON NAME AND TITLE		CONTACT PERSON NAME AND TITLE	
TISH ROGERS / ESCROW OFFICER		ROBERT GERINGER / PRESIDENT	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX
(928)753-8205	(866)432-0007	(310)385-5970	(310)385-5975

SECTION 4. CHANGE OF WELL INFORMATION (No Fee Required) **NO FEE**

NOTE: Applies only to wells that have already been drilled. For proposed wells, an amended Notice of Intent to Drill a Well must be filed.

EXPLAIN

[Handwritten signature]

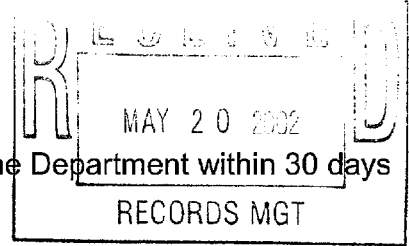
I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE	SIGNATURE OF WELL OWNER	DATE
JOHN G. LINDBENFELTER	<i>[Handwritten Signature]</i>	1/12/06

ARIZONA DEPARTMENT OF WATER RESOURCES

500 North 3rd Street
Phoenix, Arizona 85004

WELL DRILLER REPORT



This report should be prepared by the driller in all detail and filed with the Department within 30 days following completion of the well.

1. BROWN DRILLING
3595 EAST GORDON DRIVE
KINGMAN, AZ 86401-3411

2. Owner Name: John Lingenfelter
Address: Kingman AZ 86401
City State Zip

3. Location: 22 (N)S 16 (E)W 15 1/4 NW 1/4 NE 1/4 NE
Township Range Section 10-acre 40-acre 160-acre

4. Well Registration No. 55-590897 (Required)

5. Permit No. _____ (If Issued)

DESCRIPTION OF WELL

6. Total depth of hole 800 ft.

7. Type of casing Steel

8. Diameter and length of casing 13 in. from 0 to 22, 8 5/8 in from +1 to 800

9. Method of sealing at reduction points Cement

10. Perforated from 580 to 800, from _____ to _____ from _____ to _____

11. Size of cuts 1/4" X 6 Number of cuts per foot 2

12. If screen was installed: Length _____ ft. Diam _____ in. Type _____

13. Method of construction drilled
(drilled, dug, driven, bored, jetted, etc)

14. Date started 3 03 02
Month Day Year

15. Date completed 3 10 02
Month Day Year

16. Depth to water 580 ft. (If flowing well, so state)

17. Describe point from which depth measurements were made, and give sea level elevation if available

Natural grade

18. If flowing well, state method of flow regulation: _____

19. Remarks: _____

DO NOT WRITE IN THIS SPACE
OFFICE RECORD
Registration No. 55- 590897
File No. B(22-16) 15 AAB
Received _____ By _____
Entered _____ By _____

ENTERED MAY 22 2002

LOG OF WELL

Indicate depth at which water was first encountered, and the depth and thickness of water bearing beds. If water is artesian, indicate depth at which encountered, and depth to which it rose in well.

From (feet)	To (feet)	Description of formation material
0	580	alluvium
580	600	sand & gravel
600	755	alluvium
755	800	cemented conglomerate
		total well prod. approx. 300+ gpm
		static water level - 470 ft.

I hereby certify that this well was drilled by me (or under by supervision), and that each and all statements herein contained are true to the best of my knowledge and belief.

Driller Name: BROWN DRILLING
 3595 EAST GORDON DRIVE
 Street
 KINGMAN, AZ 86401-3411
 City State Zip Phone No.
Brown Alamo 5-10-2002
 Signature of Driller Date

**ARIZONA DEPARTMENT OF WATER RESOURCES
GROUNDWATER MANAGEMENT SUPPORT SECTION**

500 North Third Street
Phoenix, Arizona 85004

THIS AUTHORIZATION SHALL BE IN POSSESSION OF THE DRILLER DURING ALL DRILL OPERATIONS

WELL REGISTRATION NO: 55-590897

AUTHORIZED DRILLER: BROWN DRILLING

LICENSE NO: 400

NOTICE OF INTENTION TO DRILL A NON-EXEMPT WELL(S) HAS BEEN FILED WITH THE DEPARTMENT BY:

WELL OWNER: JOHN G LINGENFELTER 1080 RIATA VALLEY DR KINGMAN, AZ 86401

The well(s) is/are to be located in the:

NW ¼ of the NE ¼ of the NE ¼ Section 15 Township 22 NORTH Range 16 WEST

No. of wells in this project: 1

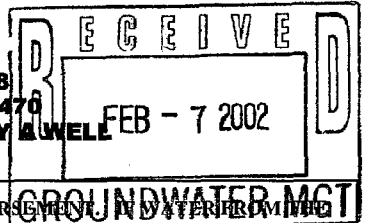
THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 6TH DAY OF FEBRUARY, 2003



ADA
GROUNDWATER MANAGEMENT SUPPORT

**THE DRILLER MUST FILE A LOG OF THE WELL
WITHIN 30 DAYS OF COMPLETION OF DRILLING**

**ARIZONA DEPARTMENT OF WATER RESOURCES
GROUNDWATER MANAGEMENT SUPPORT SECTION
MAIL TO: P. O. BOX 458, PHOENIX, ARIZONA 85001-0458
FOR MORE INFORMATION CALL: MONICA ORTIZ 602-417-2470
NOTICE OF INTENTION TO DRILL, DEEPEN, REPLACE OR MODIFY WELL**



PLEASE COMPLETE ALL ITEMS IN THE BOX BELOW DOWN TO COUNTY OR LOCAL AUTHORITY ENDORSEMENT. PROPOSED WELL (LISTED BELOW) WILL BE USED FOR DOMESTIC PURPOSES ON A PARCEL OF LAND 20 OR FEWER ACRES, THE APPLICABLE COUNTY OR LOCAL HEALTH AUTHORITY MUST ENDORSE ALL ITEMS IN THE BOX BEFORE SUBMISSION TO THE DEPARTMENT OF WATER RESOURCES. ITEMS C, D, E, AND F MAY BE AVAILABLE FROM YOUR COUNTY ASSESSOR'S OFFICE.

A. John Lingenfelter 1080 Riata Valley Dr. Kingman Az 86401
LANDOWNER'S NAME CURRENT MAILING ADDRESS CITY STATE ZIP
Lingenfelter Investments Limited Partnership
 B. TELEPHONE NO. 928-757-4390 COUNTY ASSESSOR'S PARCEL ID INFORMATION:
 C. WELL LOCATED IN Mohave COUNTY D. 310 29 001 E. 40
BOOK MAP PARCEL # OF ACRES OFFICIAL SEAL OR STAMP
 WELL/LAND LOCATION (MUST BE COMPLETED AS REQUESTED):
 F. NW 1/4 NE 1/4 NE 1/4 OF SECTION 15 TOWNSHIP 22N RANGE 16E
10AC 40AC 160AC COUNTY OR LOCAL AUTHORITY ENDORSEMENT
 CHECK ONE:
 G. RECOMMEND APPROVAL _____; INSUFFICIENT INFORMATION TO MAKE A DETERMINATION _____; VARIANCE REQUIRED _____ (EXPLANATION ATTACHED)
 H. DATE _____ AUTHORIZED SIGNATURE _____ TITLE _____

1. OWNER OF WELL:
John Lingenfelter
NAME
1080 Riata Valley Dr
CURRENT MAILING ADDRESS
Kingman Az 86401
CITY STATE ZIP
 TELEPHONE NUMBER 928-757-4390

6. LESSEE OF LAND OF WELLSITE:
NAME
N/A
CURRENT MAILING ADDRESS
CITY STATE ZIP
 TELEPHONE: _____

9. PLACE OF USE (LEGAL DESCRIPTION OF LAND):
NW 1/4 NE 1/4 NE 1/4 SECTION 15
10AC 40AC 160AC
 TWNSHP 22N RNG 16E

2. ACTION REQUESTED:
 DRILL NEW WELL K DEEPEN _____
 MODIFY _____ REPLACE _____
 WELL REGISTRATION NO 55- _____
 FOR A REPLACEMENT WELL PROVIDE:
 MAX. CAPACITY OF THE ORIGINAL WELL _____ GALLONS PER MINUTE;
 DISTANCE FROM THE ORIGINAL WELL: _____ FEET

7. PRINCIPAL USE OF WATER: (BE SPECIFIC)
Household - Domestic
 8. OTHER USES OF WATER: (BE SPECIFIC)

10. TYPE OF WELL (CHECK ONE):
 EXEMPT _____ NON-EXEMPT X
 11. CHECK ONE:
 RESIDENTIAL X STOCKWATER _____
 OTHER _____

3. CONSTRUCTION WILL START ABOUT:
 MONTH Feb YEAR 02
 4. TYPE OF CASING FOR PROPOSED WELL:
 SURFACE CASING: 10" steel
 DIAMETER: 10 " DEPTH: 20 "
 DOWNHOLE CASING: 8" steel
 DIAMETER: 8 " DEPTH: 700-1000 "
 5. DESIGN PUMP CAPACITY:
300 - 500 GALLONS PER MINUTE

FOR DEPARTMENT USE ONLY

REGISTRATION NO. 55-590897
 DATE FILED 2/7/02
 FILE NO. B(22-16)1500b
 AMA/INA _____
 W/S 02 S/B _____
 PROCESSED BY DO
 DATE MAILED 2/1/02
 mo

12. IS THE PROPOSED WELLSITE WITHIN 100 FEET OF A SEPTIC TANK SYSTEM, SEWER DISPOSAL AREA, LANDFILL, HAZARDOUS MATERIALS OR PETROLEUM STORAGE AREAS AND TANKS?
 YES _____ NO X

13. DRILLING FIRM:
Brown Drilling Inc.
NAME
3595 E. Gordon Dr.
MAILING ADDRESS
Kingman Az 86401
CITY STATE ZIP
928-757-1920
TELEPHONE NO.
400
DWR LICENSE NUMBER
A-04
ROC LICENSE CATEGORY

I STATE THAT THIS NOTICE IS FILED IN COMPLIANCE WITH A.R.S. § 45-596, IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I UNDERSTAND THE LIMITATIONS AND CONDITIONS SET FORTH ON THE REVERSE SIDE OF THIS FORM.

John G. Lingenfelter Pres. [Signature] 2-1-02
14. TYPE OR PRINT NAME AND TITLE 15. SIGNATURE OF LANDOWNER/LESSEE OF WELLSITE 16. DATE
Lingenfelter Investments Limited Partnership

ARIZONA DEPARTMENT OF WATER RESOURCES

500 North 3rd Street, Phoenix, Arizona 85004

Telephone (602) 417-2470

Fax (602) 417-2422

February 11, 2002



JANE DEE HULL
Governor

JOSEPH C. SMITH
Director

JOHN G LINGENFELTER
1080 RIATA VALLEY DR
KINGMAN, AZ 86401

Registration No. 55-590897

File No. B(22-16) 15 AAB

Dear Well Owner:

Enclosed is a copy of the Notice of Intention (NOI) to Drill a well. This NOI, which was recently filed with this Department, is being returned to you as evidence of your compliance with ARS §45-596. The enclosed Completion Report is to be submitted when pump equipment is installed. The Drilling Card and Well Drilling Report form have been sent to your driller. He may not begin drilling until he has received the Drilling Card and it must be displayed on the rig during drilling. If you change drillers, you must supply this Department with the new driller's identity. Please ensure that the driller you select is licensed to drill the type of well you require. All well drillers must pass an examination proving they understand the drilling methods for that particular license, and are familiar with the laws and regulations which govern well construction in Arizona.

If it is necessary to change the location of the proposed well, immediately contact the Department of Water Resources to obtain written permission before proceeding with the drilling. A properly signed, amended Drilling Card must be in the possession of the driller before drilling commences at a different location than originally authorized.

ARS §45-600 requires the registered well owner to submit a completion report within thirty (30) days after the installation of pumping equipment. It also requires the driller to furnish this Department a complete and accurate log of the well within thirty (30) days after completion of drilling. You should insist, and ensure, that both of these are done.

If in the course of drilling a new well, it is determined that the new well cannot be successfully completed as initially intended (dry hole, cave in, lost tools, etc.), the new well must be properly abandoned and a Well Abandonment Completion Report submitted per R12-15-816.F.

Per ARS §45-593 (C), the person to whom a well is registered shall notify this Department of a change in ownership of the well and/or information pertaining to the physical characteristics of the well in order to keep this well registration file current and accurate. We have enclosed a Change of Well Information Form should it be needed in the future.

Sincerely,

Sylvia Valdez
Water Resource Technician
Groundwater Management Support Section

Enclosures

**ARIZONA DEPARTMENT OF WATER RESOURCES
GROUNDWATER MANAGEMENT SUPPORT SECTION
MAIL TO: P. O. BOX 458, PHOENIX, ARIZONA 85001-0458
FOR MORE INFORMATION CALL: MONICA ORTIZ 602-417-2470
NOTICE OF INTENTION TO DRILL, DEEPEN, REPLACE OR MODIFY A WELL**

RECEIVED
FEB - 7 2002
GROUNDWATER MGT

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LANDOWNER'S NAME CURRENT MAILING ADDRESS CITY STATE ZIP
Lingenfelter Investments Limited Partnership.

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C. WELL LOCATED IN Mohave COUNTY D. 310 29 001 E. 40
BOOK MAP PARCEL # OF ACRES OFFICIAL SEAL OR STAMP

WELL/LAND LOCATION (MUST BE COMPLETED AS REQUESTED):

F. NW 1/4 NE 1/4 NE 1/4 OF SECTION 15 TOWNSHIP 22 N RANGE 16 E
10AC 40AC 160AC COUNTY OR LOCAL AUTHORITY ENDORSEMENT

CHECK ONE:
 G. RECOMMEND APPROVAL _____; INSUFFICIENT INFORMATION TO MAKE A DETERMINATION _____; VARIANCE REQUIRED _____ (EXPLANATION ATTACHED)

H. DATE _____ AUTHORIZED SIGNATURE _____ TITLE _____

1. OWNER OF WELL:
John Lingenfelter
NAME
1080 Riata Valley Dr
CURRENT MAILING ADDRESS
Kingman Az 86401
CITY STATE ZIP

TELEPHONE NUMBER 928-757-4390

6. LESSEE OF LAND OF WELLSITE:
NAME N/A
CURRENT MAILING ADDRESS
CITY STATE ZIP

TELEPHONE: _____

9. PLACE OF USE (LEGAL DESCRIPTION OF LAND):
NW 1/4 NE 1/4 NE 1/4 SECTION 15
10AC 40AC 160AC
TWNSHP 22 N RNG 16 E

10. TYPE OF WELL (CHECK ONE):
 EXEMPT _____ NON-EXEMPT X

11. CHECK ONE:
 RESIDENTIAL X STOCKWATER _____

BROWN DRILLING, INC. 3827
 3595 E. GORDON (928) 757-1920
 KINGMAN, AZ 86401

DATE Feb. 5, 2002 91-504/1221 19

Pay to the order of ADWR \$ 10.00
100 DOLLARS

THE STOCKMEN'S BANK
 Route 66 Branch 2611 Kingman Ave.
 Kingman, AZ 86401

For Permit - Lingenfelter

DRILLING FIRM:
Brown Drilling Inc.
ADDRESS
3595 E. Gordon Dr.
CITY STATE ZIP
Kingman Az 86401
TELEPHONE NO.
928-757-1920
400

DWR LICENSE NUMBER
A-04

ROC LICENSE CATEGORY

DOWNHOLE CASING: 8" steel
 DIAMETER: 8" DEPTH: 700-1000'

5. DESIGN PUMP CAPACITY:
300-500 GALLONS PER MINUTE

I STATE THAT THIS NOTICE IS FILED IN COMPLIANCE WITH A.R.S. § 45-596, IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I UNDERSTAND THE LIMITATIONS AND CONDITIONS SET FORTH ON THE REVERSE SIDE OF THIS FORM.

14. TYPE OR PRINT NAME AND TITLE: John G. Lingenfelter Pres.
 15. SIGNATURE OF LANDOWNER/LESSEE OF WELLSITE: [Signature]
 16. DATE: 2-1-02
Lingenfelter Investments Limited Partnership.