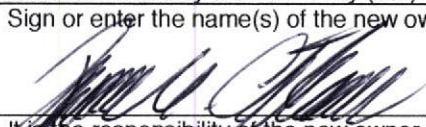




Form No. GWS-11 11/2011	COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 Sherman St., Ste 821, Denver, CO 80203 Main: (303) 866-3581 Fax: (303) 866-2223 dwrpermitsonline@state.co.us	RECEIVED For Office Use Only AUG 04 2015 WATER RESOURCES STATE ENGINEER COLO
CHANGE IN OWNER NAME/ADDRESS 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): <u>CONSERVATION LODGE IV, LLC</u>		
Mailing Address: <u>PO BOX 771253</u>		
City, St. Zip: <u>STEAMBOAT SPRINGS, CO 80477</u>		
Phone <u>970 846 3205</u> Email Address: <u>goodworkorse@comcast.net</u>		
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: <u>296863</u> Receipt No.: _____ Case Number: _____		
County <u>FOUNTAIN</u> Well Name or # (optional) _____		
<u>42855 AVONDALE LANE STEAMBOAT SPRINGS CO 80477</u>		
(Address) (City) (State) (Zip)		
NW 1/4 of the NE 1/4, Sec. <u>28</u> , Twp. <u>7</u> N. or <input type="checkbox"/> S., Range <u>84</u> E. or <input checked="" type="checkbox"/> W., <u>6th</u> P.M.		
Distance from Section Lines: <u>112</u> Ft. From <input checked="" type="checkbox"/> N. or <input type="checkbox"/> S., <u>2380</u> Ft. From <input checked="" type="checkbox"/> E. or <input type="checkbox"/> W. Line.		
OR: GPS well location information in UTM format. You must check GPS unit for required settings as follows: Format must be UTM, <input type="checkbox"/> zone 12 or <input type="checkbox"/> 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: <input type="checkbox"/> Change in name of owner <input type="checkbox"/> Change in mailing address <input type="checkbox"/> 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 <u>BYRON G. CHRISTENSEN</u> <u>MAN - CONSERVATION LODGE IV</u>	Date (mm/dd/yyyy) <u>5/15/15</u>
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: <input type="checkbox"/> Email address listed above <input type="checkbox"/> US Mail		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">  State Engineer </div> <div style="width: 30%;"> By  </div> <div style="width: 30%; text-align: right;"> ACCEPTED AS A CHANGE IN OWNERSHIP AND/OR MAILING ADDRESS. <u>8-4-15</u> Date </div> </div>		