



TRI-STATE GENERATION AND TRANSMISSION ASSOCIATION, INC.

HEADQUARTERS: P.O. BOX 33695 DENVER, COLORADO 80233-0695 303-452-6111

October 22, 2018

Submitted via email (dwrrpermitsonline@state.co.us) and hard copy

Colorado Division of Water Resources
Department of Natural Resources
1313 Sherman Street, Suite 821
Denver, Colorado 80203

RE: Well Abandonment Reports for 3 Monitoring Wells
New Horizon North Mine

Dear DWR representative:

Enclosed are the GWS-09 Well Abandonment Reports for three (3) monitoring wells located on the Elk Ridge Mining and Reclamation LLC (Elk Ridge) New Horizon North Mine in Nucla, Colorado. These monitoring wells were recently abandoned due to reclamation progress in accordance with the facility's Colorado Division of Reclamation Mining and Safety (DRMS) mine permit. They were properly abandoned by a licensed well driller (Darryl A. Smith, License #1314). Tri-State Generation and Transmission Association, Inc. (Tri-State) is the parent to Elk Ridge and as such is submitting these reports.

If you have any questions about this submittal, please contact Chantell Johnson at 303.254.3185 or cjohnson@tristategt.org, or Chris Gilbreath at 303.254.3291 or cgilbreath@tristategt.org.

Sincerely,

Daniel J. Casiraro
Senior Manager
Environmental Services

DJC:CJ:der

Enclosure

cc: Darryl A. Smith, DA Smith Drilling (via email Jackpotrider@qwestoffice.net)
Chantell Johnson (via email)
Chris Gilbreath (via email)
File: G474-11.3(21)c-10

Form No
GWS-09
03/2017

STATE OF COLORADO, OFFICE OF THE STATE ENGINEER
1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581
www.water.state.co.us and dwrpermitsonline@state.co.us

For Office Use Only

WELL ABANDONMENT REPORT

Use to report plugging and sealing of permitted wells, monitoring and other holes. Type or print in black or blue ink. Instructions and plugging standards are on reverse side

1. Well Permit Number of plugged well 285816 or MH File Number MH- _____

Owners Well Designation- GW-N 49 Receipt Number: _____

2. Individual/Company responsible for plugging and sealing the well:

Name(s) D.A. SMITH DRILLING License # 1314

Mailing Address P.O. Box 97

City, St., Zip Loma, Co 81524

Phone (970) 858 1950 Email TOOLTAMMER@LEVEE.COM

3. Well (Hole) Owner: Name(s): FELIX RIDGE MINING and RECLAMATION

Phone: (970) 864 2165 Email: TFRY@TRISTATEGT.ORG

Mailing Address, City, St., Zip: P.O. Box 628 Nuck Co 81424

4. Well Location Address: _____

5. GPS Well Location: County MONTROSE

UTM ☐ Zone 12 or ☒ Zone 13 Easting _____ Northing _____

6. Legal Location: NW 1/4 of the NW 1/4, Sec 25, Twp 47 ☒ N or S ☐ , Range 16 ☐ E or W ☒ W , NM P.M.

Distance from Section Lines 70 Ft. From ☒ N or S ☐ , 645 Ft. From ☐ E or W ☒ W Line.

Subdivision Name _____ Lot _____, Block _____, Filing/Unit _____

7. I/we report the existing well/hole was plugged and sealed on _____ (date) for the following reason(s):

☐ The well was plugged and sealed as required under Well Permit Number _____

☐ The well was not in use and was plugged and sealed.

☒ Other (please explain) REMOVED FROM SERVICE

8. Aquifer Type: ☒ Type I (One Confining Layer) ☐ Type I (Multiple Confining Layer) ☐ Laramie-Fox Hills
(check one) ☐ Type II (Not Overlain by Type III) ☐ Type II (Overlain by Type III) ☒ Type III (alluvial)

9. Intervals of Casing Removed/Ripped:

from +3 feet to -1.5 feet, from _____ feet to _____ feet, from _____ feet to _____ feet,

from _____ feet to _____ feet, from _____ feet to _____ feet, from _____ feet to _____ feet,

10. Amount and Type of Material

Method of Placement

Interval

50# Bag, Red Gravel - 4

Gravity

from 35 feet to 10 feet

50# Bag, Chip Bentonite - 1

Gravity

from 10 feet to 3.5 feet

80# Bag, Quikrete Concrete - 1

Gravity

from 3.5 feet to 1.5 feet

from _____ feet to _____ feet

I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402.2. The filing of a document that contains false statements is a violation of section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$1,000 and/or revocation of the contracting license. If filing online, the State Engineer considers the entry of the licensed contractor's name to be in compliance with Rule 17.4.

11. Signature(s)

D.A. Smith

Please Print the Name, Title, & License No.

DARRELL A. SMITH 1314

Date

09/16/18

It is the responsibility of the well owner to have the well/hole properly plugged and sealed. The Well Construction Contractor is responsible for notifying the owner of this requirement in writing.

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WELL ABANDONMENT REPORT

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1. Well Permit Number of plugged well 285806 MH File Number MH- _____

Owners Well Designation- GW-N48 Receipt Number: _____

2. Individual/Company responsible for plugging and sealing the well:

Name(s) DA. SMITH DRILLING Co License # 1314

Mailing Address PO Box 97

City, St., Zip Loma Co 81524

Phone (970) 858 1950 Email TOOLTAMMER@LEVEE.COM

3. Well (Hole) Owner: Name(s): ELK RIDGE MINING RECLAMATION

Phone: (970) 864 2165 Email: TFRY@TRESSTATAGT.ORG

Mailing Address, City, St., Zip: PO Box 628 NUGLA CO 81424

4. Well Location Address: _____

5. GPS Well Location: County MONTROSE

UTM ☐ Zone 12 or ☒ Zone 13 Easting _____ Northing _____

6. Legal Location: NW 1/4 of the NW 1/4, Sec 35, Twp 47 ☒ N or S ☐ Range 16 ☐ E or W ☒ NMP.M.

Distance from Section Lines 70 Ft. From ☒ N or S ☐ , 665 Ft. From ☐ E or W ☒ Line.

Subdivision Name _____ Lot _____, Block _____, Filing/Unit _____

7. I/we report the existing well/hole was plugged and sealed on 8.30.18 (date) for the following reason(s):

☐ The well was plugged and sealed as required under Well Permit Number _____

☐ The well was not in use and was plugged and sealed.

☒ Other (please explain) REMOVED FROM SERVICE

8. Aquifer Type: ☒ Type I (One Confining Layer) ☐ Type I (Multiple Confining Layer) ☐ Laramie-Fox Hills
(check one) ☐ Type II (Not Overlain by Type III) ☐ Type II (Overlain by Type III) ☒ Type III (alluvial)

9. Intervals of Casing Removed/Ripped:

from 4.3 feet to 1.5 feet, from _____ feet to _____ feet, from _____ feet to _____ feet,
from _____ feet to _____ feet, from _____ feet to _____ feet, from _____ feet to _____ feet,

10. Amount and Type of Material

Method of Placement

Interval

50# Bag Peg Gravel - 6

Gravity

from 4.7 feet to 8 feet

50# Chip Bentonite - 1

Gravity

from 8 feet to 5 feet

80# Bag Quikrete Concrete - 1

Gravity

from 5 feet to 1.5 feet

from _____ feet to _____ feet

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11. Signature(s) DA. SMITH

Please Print the Name, Title, & License No.

DARRYL A. SMITH 1314

Date

09/18/18

It is the responsibility of the well owner to have the well/hole properly plugged and sealed. The Well Construction Contractor is responsible for notifying the owner of this requirement in writing.

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WELL ABANDONMENT REPORT

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1. Well Permit Number of plugged well 285815 or MH File Number MH- _____

Owners Well Designation- GW-N 97 Receipt Number: _____

2. Individual/Company responsible for plugging and sealing the well:

Name(s) DA SMITH DRILLING Co License # 1314

Mailing Address P.O. Box 97

City, St., Zip Loma Co 81524

Phone (970) 858 1950 Email TOOLJAMMAR@LIVE.COM

3. Well (Hole) Owner: Name(s): ELK RIDGE MENSING & RECREATION

Phone: (970) 864 2165 Email: TRAY@TRESTATEGT.ORG

Mailing Address, City, St., Zip: P.O. Box 628 NUCLA Co 81424

4. Well Location Address: _____

5. GPS Well Location: County MONTROSE

UTM ☐ Zone 12 or ☒ Zone 13 Easting _____ Northing _____

6. Legal Location: NW 1/4 of the NW 1/4, Sec 25, Twp 47 ☒ N or S ☐ Range 16 ☐ E or W ☒ , NM P.M.

Distance from Section Lines 70 Ft. From ☒ N or S ☐ , 660 Ft. From ☐ E or W ☒ Line.

Subdivision Name _____ Lot _____, Block _____, Filing/Unit _____

7. I/we report the existing well/hole was plugged and sealed on 8.30.18 (date) for the following reason(s):

☐ The well was plugged and sealed as required under Well Permit Number _____.

☐ The well was not in use and was plugged and sealed.

☒ Other (please explain) REMOVING FROM SERVICE

8. Aquifer Type: ☒ Type I (One Confining Layer)

☐ Type I (Multiple Confining Layer)

☒ Laramie-Fox Hills

(check one) ☐ Type II (Not Overlain by Type III)

☐ Type II (Overlain by Type III)

☒ Type III (alluvial)

9. Intervals of Casing Removed/Ripped:

from 7.3 feet to 7.5 feet, from _____ feet to _____ feet, from _____ feet to _____ feet,

from _____ feet to _____ feet, from _____ feet to _____ feet, from _____ feet to _____ feet,

10. Amount and Type of Material

Method of Placement

Interval

50# Bag, Rec Gravel - 9

Gravity

from 60 feet to 16 feet

50# Bag Chip Bentonite - 1

Gravity

from 16 feet to 4 feet

80# Bag White Concrete - 1

Gravity

from 4 feet to 7.5 feet

from _____ feet to _____ feet

I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402.2. The filing of a document that contains false statements is a violation of section 37 91 108(1)(e), C.R.S., and is punishable by fines up to \$1,000 and/or revocation of the contracting license. If filing online the State Engineer considers the entry of the licensed contractor's name to be in compliance with Rule 17.4.

11. Signature(s)

Please Print the Name, Title, & License No.

Date

DA SMITH

DA SMITH 1314

09/18/18

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