

Form No. GWS-11 08/2016	COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 Sherman St., Ste 821, Denver CO 80203 (303) 866-3581 dwrpermitsonline@state.co.us	For Office Use Only								
CHANGE IN OWNER NAME/MAILING ADDRESS										
PRIOR TO COMPLETING THIS FORM, SEE INSTRUCTIONS ON REVERSE SIDE INCOMPLETE, POOR QUALITY, OR ILLEGIBLE FORMS CANNOT BE PROCESSED AND WILL BE RETURNED										
<u>Name, address and phone number of person claiming ownership of the well permit:</u> Name(s): <u>Michael W. Monger and Lourdes M. Monger</u> Mailing Address: <u>3250 Slocum Rd</u> City, St. Zip: <u>Peyton, CO. 80831</u> Phone: (____) ____-____ Email: _____										
Well Permit Number: <u>1014-BD</u> Receipt Number: <u>36060025</u> Case Number (optional): _____ WELL LOCATION: County: <u>El Paso</u> Well Name or # (optional): _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><u>3250 Slocum Rd</u></td> <td style="width: 20%;"><u>Peyton</u></td> <td style="width: 10%;"><u>CO</u></td> <td style="width: 20%;"><u>80831</u></td> </tr> <tr> <td>Street Address at Well Location</td> <td>City</td> <td>State</td> <td>Zip</td> </tr> </table> <input type="checkbox"/> Check if well address is same as owner's mailing address <u>NE</u> 1/4 of the <u>NE</u> 1/4, Sec. <u>35</u> , Township <u>13.0</u> <input type="checkbox"/> N. or <input checked="" type="checkbox"/> S., Range <u>64.0</u> <input type="checkbox"/> E. or <input checked="" type="checkbox"/> W., <u>S</u> _____ P.M. Distance from Section Lines: _____ Ft. from <input checked="" type="checkbox"/> N. or <input type="checkbox"/> S. Line, _____ Ft. from <input checked="" type="checkbox"/> E. or <input type="checkbox"/> W. Line. Subdivision Name (if applicable): _____ , Lot _____, Block _____, Filing/Unit _____			<u>3250 Slocum Rd</u>	<u>Peyton</u>	<u>CO</u>	<u>80831</u>	Street Address at Well Location	City	State	Zip
<u>3250 Slocum Rd</u>	<u>Peyton</u>	<u>CO</u>	<u>80831</u>							
Street Address at Well Location	City	State	Zip							
NOTE: If changing/correcting the permitted location of a well, use Form No. GWS-42.										
I (we) claim and say that I am (we 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. This filing is made pursuant to C.R.S. 37-90-143.										
Signature(s) of the New Owner _____	Please print the Signer's Name & Title _____	Date _____								
It is the responsibility of the new owner of this well permit to complete and sign this form. If an agent is signing or entering information, please see instructions. Please allow 4 to 6 weeks for processing of this form. Thereafter, you can view or print the accepted document at: http://www.dwr.state.co.us/WellPermitSearch										
Signature of DWR staff indicates acceptance as a Change in Owner Name and/or Mailing Address. For Staff Use Only <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Staff Signature _____</td> <td style="width: 40%;">Date _____</td> </tr> </table>			Staff Signature _____	Date _____						
Staff Signature _____	Date _____									