

MIDDLE PECOS GROUNDWATER CONSERVATION DISTRICT

P. O. Box 1644 Fort Stockton, Texas 79735 – Phone (432)336-0698
FAX(432)336-3407 E-mail: mpgcd@sbcglobal.net Website: www.middlepecosgcd.org

Registration Form For A New Well

Pursuant to the District’s rules, it is a violation of these rules for any person to drill or operate a well without registering the well with the District, receiving a certificate of registration from the District, and receiving a permit from the District, if applicable.

INSTRUCTIONS: Complete all questions. Please print or type. An incomplete application is grounds for refusal. This form can be faxed or mailed. If you are applying for a Regular Permit, this registration form must be attached to your application.

EXEMPT WELL STATUS: ___ Please check here if you believe your proposed well meets the exemption criteria in the District’s rules, and state the basis for your exemption: _____

Registrant: _____ Phone () _____

Mailing Address: _____

Physical Address: _____

IF Registrant is not the Land Owner, provide the following:

Land Owner: _____ Phone () _____

Mailing Address: _____

Physical Address: _____

Attach a copy of documentation establishing authority of Registrant to construct and operate a well on Land Owner’s property (deed, lease, contract, etc.)

Well Location; Latitude _____ Longitude _____ Elevation _____ Feet above Mean Sea Level

Landowner Well Name _____ **Middle Pecos GCD#** _____

Legal Description: Survey Name _____ Survey # _____ Abstract # _____

Attach a map adequate to locate the well and provide: ___ feet from the ___ property line
(Use Perpendicular Lines) (N,S,E,W, etc.)
and ___ feet from the ___ property line
(N,S,E,W, etc.)

PROPOSED WELL USE:

___ Domestic/Livestock, ___ Irrigation, ___ Public Supply, ___ Other/Specify _____

Amount of water proposed to be used for each purpose: _____ Domestic, _____ Livestock,
_____ Irrigation, _____ Public Supply, _____ Other/Specify _____

Proposed depth _____. Aquifer: Pecos Valley _____, Edwards/Trinity _____,
Rustler _____, Capitan Reef _____, Dockum _____, San Andres _____

Static Water Table _____

Method of Withdrawal _____ Date of scheduled drilling _____

Proposed pump size to be installed _____ Estimated rate of withdrawal _____

Maximum amount of withdrawal in a 24-hour period as equipped: _____

Location of Proposed use: _____

Will this well conform to spacing and production rules? _____

I agree that this well will be drilled within thirty (30) feet of the location specified, or within five percent (5%) of the distance used to determine the location of the well, whichever is greater. I will furnish the District the Driller's Log (Well Report provided by driller), and any mechanical log that might be made, within sixty (60) days of completion of this well. I agree to abide by the rules of the District, the District Management Plan, and orders of the District's Board of Directors. Furthermore, I agree not to produce this well without a valid Production Permit, and not to exceed the production allowance of the Production Permit. I hereby certify that the water withdrawn from this well will be put to a beneficial, non-wasteful use at all times, that I have attached a well closure plan or I will comply with well plugging guidelines and report closure of this well to the District, and that each and all of the statements herein are true to the best of my knowledge and belief.

Signature of Registrant

Date

Approval or Denial of this Registration is subject to the Rules of the District

For District Use Only:

Date Application Received: _____		Mapped: _____	
Field Inspection: _____			
District Well # _____			
REGISTRATION APPROVED: _____ YES		_____ NO	
		_____ Signature	
PERMIT REQUIRED BEFORE DRILLING:			
_____ YES		_____ NO	
		_____ Title	