

STATE WELL REPORT

Part I

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water ResourcesP.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210

(601)360-0535 (fax)

County: Adams
Permit #: MS-GW17395
Driller: Johanthan Gordon
Date drilling completed: 6-13-18

For Office Use Only:

Well #: A17
Aquifer: _____
E-Log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Little River Oil & Gas</u>	Latitude: <u>31° 43' 35.5"</u> Longitude: <u>91° 21' 44.26"</u>
Mailing Address: <u>168 Annex Bottom Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 765</u>	USGS quad <u>1R</u> <input checked="" type="checkbox"/> <u>Hand-held GPS</u> <input type="checkbox"/> Survey-grade GPS _____
<u>Natchez MS 39121</u>	<u>1R</u> <input checked="" type="checkbox"/> <u>1R</u> <input checked="" type="checkbox"/> Sec <u>16</u> T <u>09N</u> R <u>02W</u>
City _____ State _____ Zip Code _____	<u>10</u> Miles <u>North</u> of <u>Natchez</u>
Telephone No. <u>(601) 445</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

Well / Borehole Data	
Date drilling started: <u>6-12</u>	Date drilling completed: <u>6-14</u> Hole depth: <u>123</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>Lake</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
Selsmic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>11</u> feet [above or below] land surface Date measured: <u>6-27-18</u> (circle one)	
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>123</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Mix	
Casing length: <u>83</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>30</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>83</u> feet to <u>113</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>NA</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

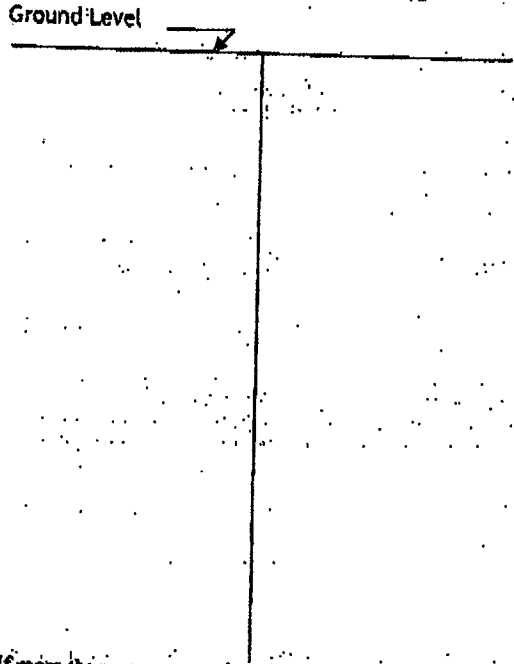
Form: OLWR-SWR-1A (4/13)

County: _____
 Permit #: _____

For Office Use Only:
 Well #: A17

The sketch below only required for water wells.
If well telescopes, show depths on sketch.

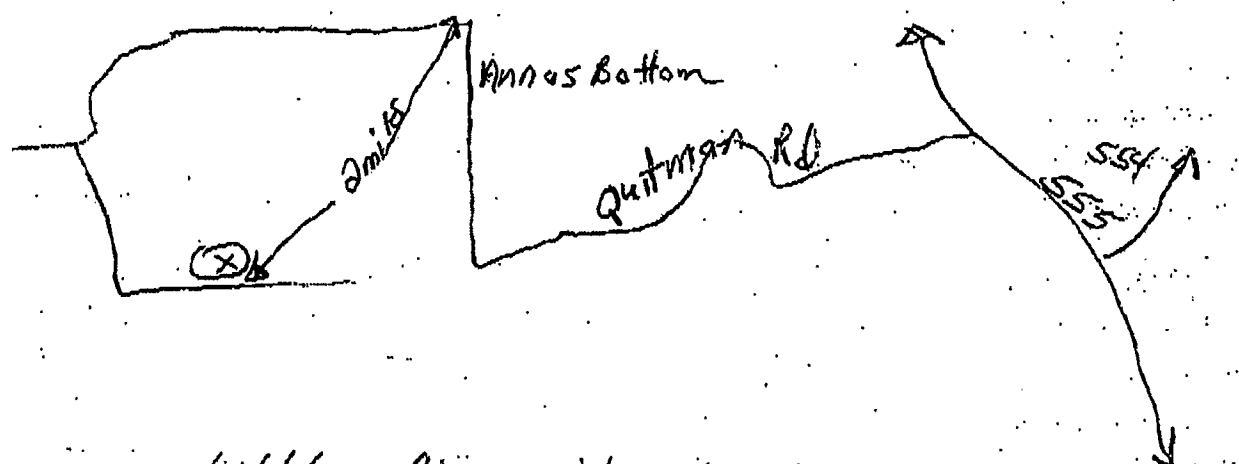
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.



Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Top Soil & Sand	0	15'
Medium Sand	15	25'
Coarse sand	25	35
medium sand	35	55
fine sand	55	68
medium sand	68	73
Coarse sand	73	75
medium sand	75	81
medium & coarse sand	81	105
Coarse sand & gravel	105	118
Fine sand	118	123

If more than one screen, show location of each on sketch

- Sketch the property layout and include the following:
- 1) the well location.
 - 2) any permanent structures on the property that may aid in locating the well
 - 3) any roads, power lines, or other items that may aid in locating the property and the well
 - 4) north arrow



Landowner Name: Little River Oil and Gas T. Natchez

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Clayton Miller 0-703 7-13-18 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Adams
 Permit #: MS-GW17295
 Driller: Tommy Fortenberry
 Date completed: 6-26-18
Copy information from block on Part 1

For Office Use Only:
 Well #: A17
 Aquifer: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Little River Oil & Gas</u>	Latitude: <u>31°43'35.5"</u> Longitude: <u>91°21'44.26"</u>
Mailing Address: <u>1168 Annas Bottom Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 765</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Natchez MS 39121</u>	<u>1R 1/4 1R 1/4, Sec 16 T 09N R 02W</u>
City State Zip Code	<u>10</u> Miles <u>N</u> of <u>Natchez</u>
Telephone No. <u>(601) 445-0250</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-27-18 Rated Pump Capacity: 2000 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 75 Setting Depth: 70' feet Number of Stages: 2 stage

Pump Test Data for Non Flowing Well
 Date Well Tested: Power not at site Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 11 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation None
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Clayton Miller 0-703 7-13-18 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer