Nelson #1 (Energy	juic)	
	State Well Report	For Office Use Only:
County: Adams Viscing	Part 1 i Department of Environmental Quality	Aquifer:
	ce of Land and Water Resources	Well #:
Driller: Gary Rayborn	P.O. Box 10631 Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 8508	(601)961-5210	
	(601)354-6938 (fax)	E-log #:
State Law requires that this report be prep 30 days of completion of drilling of the well	•	
Well Owner Information		Il Location
Owner Name D+D Drilling, I	$\underline{-nC}$, Latitude: $\underline{27} \circ \underline{32} \cdot \underline{0/}$	_" Longitude: <u>71 ° /6 ' 01 </u> "
Mailing Address:	Method of Lat/Long (circle o	ne): Conventional Survey,
P.D. Box 1634	USGS quad; Hand-hel	d GPS, Survey-grade GPS
	1334 14 14 Sec 80	$D_{\text{Twn}} \frac{7N}{7N} Rng 2W$
Telephone No. (318) 757-3274	Distance Direction	of <u>Fenuicu</u>
	Well Data	
Purpose of Well (circle one) Home Industrial Pu	blic Supply Irrigation Fish Culture	Other: Rig Supply
- 1	Date well drilling completed:	508
If flowing, method of flow regulation: Valve	Other (describe)	
Static Water Level: <u>85</u> feet above of below	v circle one) land surface Date measured	8508
Method of Measurement (circle one) steel tape	electric tape air line other:	······
Hole depth: 140 Well depth: 14	Well grouted to a depth of	feet
Type of grout (circle one): Cement Bentonite		
Casing length: <u>120</u> feet Casing diameter:	inches Type of casing:	
Screen length: <u>20</u> feet Screen diameter:	inches Type of screen:	PVC
Screen slot size: <u>020</u> inches Setting of		140feet
Type of completion (circle all applicable): Gravel page	cked Underreamed Telescoped Ope	n hole Natural Development
Other (de	scribe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one so	creen, describe on back of page
Logs run (circle all applicable). No log run Electric	Gamma Ray Density Sonic Neutron	Other:
Name of organization running log(s):		
I certify that the well was drilled, constructed, and c Department of Environmental Quality and/or the M		
	- (
RAYBORN DRILLING, INC.	0-60	
Print Name of Water Well Contractor and License No.	Signature	of Water Well Contractor RECEIV
		AUG 2 0 20
		BY: OLW
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County: <u>Adams</u> Permit #: Driller: <u>Gany Rayborn</u> Date completed: <u>8508</u> This report should be prepared by the installation of pump. Well Owner Informate Owner Name: <u>D+D Drill</u> Mailing Address: <u>P. O. Box 16</u> <u>Ferriday, LA</u> City State	Pa Pump Installer's Mississippi Department Office of Land an P.O. B Jackson, M (601)9 (601)354 the pump installer in detail tion Ing, Inc.	We Latitude: Method of Lat/Long (circle o USGS quad, Har ¹ /4 ¹ /4 Sec_	Aquifer: Well #: Elevation: ent within 30 days ell Location Longitude: one): Conventiona id-held GPS, Surv O Twn_7 N	s of the Il Survey, vey-grade GPS
Telephone No. 318) 757 - 32	·	Distance Direction 2 Miles $5/5$ W	Nearest Tor of <u>Fenw</u>	
Pump Type Circle one			ower Type Circle one	, , , , , , , , , , , , , , , , ,
Air LiftJetBucketPistonCentrifugalRotaryOther (specify):	Submersible Turbine Flowing Well 	Electric Motor Hand	r (specify): or: <u>5HP</u> 26	
Pump Test Data Date Well Tested: 8 5 6 8 Static Water Level (A): 85 Fee Pumping Water Level (B): Fee Drawdown [(B) – (A)]: Fee Test Pumping Rate: 60 Duration of Pump Test (minimum 4 hours	et Below Land Surface at Below Land Surface et Below Land Surface Gallons Per Minute	Air Line Electric M Other (specify):	shut in head: GPM with a	Steel Tape feet drawdown of
I HEREBY CERTIFY that the above state <u>Cary Rayborn</u> Print Name of Pump Installer and License	0-60	of my knowledge. Signature of Pump	Installer	RECEI

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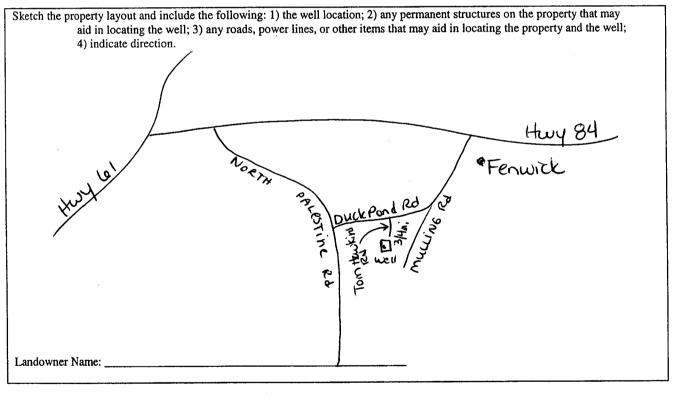
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If well telescopes please sketch below and show depths.

Ground Level

i Level	Description of Formations Encountered	From	To
	CHALK	0	35
	GRAVEL W/SAND Mix	35	60
	SAND W/STRKS OF CHALK	60	100
	SAND	100	140
		+	+
		<u> </u>	+
1			

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



Signature of Water Well Contractor

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