	Crais 94#1			
State Well Report		For Office Use Only:		
I County: /IGCHI3	art 1	Aquifer:		
	Mississippi Department of Environmental Quality Office of Land and Water Resources			
P.O. E	Box 10631	Well #:		
/ Alberta Jackson, IV	IS 39289-0631	L. S. Elevation:		
	(601)961-5210 (601)354-6938 (fax)			
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	rith the Department within		
Well Owner Information	21 52521 Well	Location 91, 283, 33		
Owner Name Phoenix ENERGY, INC.	Latitude:	Location 91.283632 Longitude:		
Mailing Address: 118 LOWER WOODVILLERD	31-31-31 Method of Lat/Long (circle or	91-17-01 ne): Conventional Survey,		
Suite 7		GPS, Survey-grade GPS		
Natchez MS 39121 City State Zip Code	1R 14 1R 14 Sec 94	$\sqrt{\frac{7N}{\text{Rng}} 2W}$		
1	Distance Direction	Nearest Town of Natchez		
Telephone No. (601) 445 - 3200		of Natchez		
Well 1	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Right Supply				
Date well drilling started: 4-26-13 Date	•			
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 250 feet above or below (circle one) land surface Date measured: 4-27-13				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 320' Well depth: 320' Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix	**************************************	0.16		
Casing length:				
	inches Type of screen: _			
Screen slot size: 1020 inches Setting depth: From _	300feet to	320 feet		
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open	hole Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing:feet. If to	elescoped or more than one scr	reen, describe on back of page		
Logs run (circle all applicable): No log run Blectric Gamma Rav	Density Sonic Neutron	Other:		

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi

Department of Environmental Quality and/or the Mississippi Department of Health regulations and Sate laws.

Name of organization running log(s):

RAYBORN DRILLING, INC.

Print Name of Water Well Contractor and License No.

MAY 2 4 2013

Signature of Water Well Contractor

RAYBORN DRILLING, INC.

CRAIG 94#1 STATE WELL REPORT Part 2 Adams For Office Use Only: **Pump Installer's Completion Report** County: Mississippi Department of Environmental Quality Aquifer: Permit #: Office of Land and Water Resources P.O. Box 10631 Driller: Dial Well #: _ Jackson, MS 39289-0631 (601)961-5210 Date completed: Elevation: (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Owner Information Well Location Latitude: 31,52521 Longitude: 91,283632 Owner Name:_ Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 14 Sec 94 Twn 7N Rng 2W Distance Direction Nearest Town Telephone No. (601) 445 - 3200 _Miles _ SE of Pump Type **Power Type** Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket **Piston** Turbine **Electric Motor** Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): ___ Horse Power Rating of Motor: 4-27-13 Date Pump Installed: Setting Depth: _______ feet Rated Pump Capacity: 60 Gallons Per Minute Number of Stages:

Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 4-27-13	Circle one		
Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

RAYBORN DRILLING, INC.

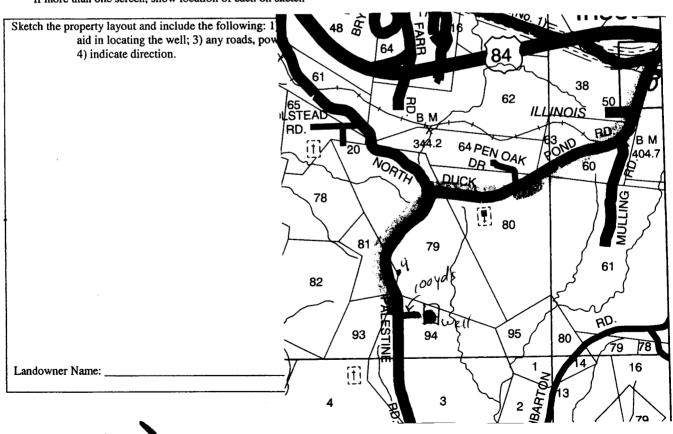
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Ground Level

Description of Formations Encountered	From	To
Chalk	10	90
Red Sand	90	115
CHALK	115	3ω
SAND	300	
		<u> </u>

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



Signature of Water Well Condactor

MAY 24 2013