

STATE WELL REPORT

Part I

Driller's Log

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)

For Office Use Only:

Well #: K46
Aquifer: _____
E-Log #: _____

County: Adams
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 6/5/13

Gwin Et al 3H-1

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>MS Onshore, LLC</u>	Latitude: <u>31°23'50" N</u> Longitude: <u>91°20'19.54" W</u>
Mailing Address: <u>1021 Main St</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> ¹⁹
<u>Suite 2626</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Houston TX 77002</u>	IR $\frac{1}{4}$ SE $\frac{1}{4}$, Sec <u>17</u> T <u>18</u> N R <u>2W</u>
City State Zip Code	<u>5.5</u> Miles <u>E</u> of <u>Sibley</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>6/4</u> Date drilling completed: <u>6/5/13</u> Hole depth: <u>180</u> Hole diameter: <u>4</u>
Location of the source of any surface water used for drilling: _____
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
<input type="checkbox"/> Seismic 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): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>RIG SUPPLY</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>135</u> feet (above or below land surface) (circle one) Date measured: <u>6/5/13</u>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>180</u> Well grouted to a depth of: <u>50</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>160</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.020</u> inches Setting depth: From <u>160</u> feet to <u>180</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: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

RECEIVED
JUN 27 2013
BY: OLWI