

# STATE WELL REPORT

*Armstrong et al No. 1*

County: Adams  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date drilling completed: 9/13/16

**Part 1**  
**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 #: K52  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>D+D Drilling Inc.</u>	Latitude: <u>31° 31' 50" N</u> Longitude: <u>91° 17' 21" W</u>
Mailing Address: <u>(For Bay Gas LLC)</u>	<u>31-22-42</u> <u>91-20-41</u> ??
<u>P.O. Box 1634</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ferniday</u> <u>LA</u> <u>71334</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1R</u> ¼ <u>1R</u> ¼, Sec <u>21</u> T <u>5N</u> R <u>2W</u>
Telephone No. <u>(318) 757-3274</u>	<u>12</u> Miles <u>SE</u> of <u>Natchez</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 9/13/16 Date drilling completed: 9/13/16 Hole depth: 120' Hole diameter: 4"

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): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump  
 Seismic Survey Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block.*

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture  
 Other (describe): Rig supply

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 70 feet (above) or below land surface. Date measured: 9/13/16  
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

Well depth: 120' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .020 inches Setting depth: From 100 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

Received

SEP 15 2016

D. OLWR

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



# 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)

*Armstrong et al No. 1*

**For Office Use Only:**  
 Well #: K52  
 Aquifer: \_\_\_\_\_

County: Adams  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 9/13/16  
 Copy information from block on Part 1

*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.*

<b>Well Owner Information</b>		<b>Well Location</b> <u>91-20-41</u>	
Owner Name: <u>D &amp; D Drilling Inc.</u>	Latitude: <u>31°31'50" N</u>	Longitude: <u>91°17'21" W</u>	
Mailing Address: <u>(for Bay Gas LLC)</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>P.O. Box 1634</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Femiday LA 71334</u>	<u>1R ¼ 1R ¼, Sec 21 T 5N R 2W</u>		
City State Zip Code	<u>12 Miles SE of Natchez</u>		
Telephone No. <u>(318) 757-3274</u>	(Distance)	(Direction)	(Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 9/13/16 Rated Pump Capacity: 60 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: 5 Setting Depth: 105 feet Number of Stages: 13

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9/13/16 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 60 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**

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.

Rayborn Drilling Inc 0-60 9/14/16  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Received  
 SEP 15 2016  
 By OLWR

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**Office of Land and Water Resources**  
 P. O. Box 2309  
 Jackson, MS 39225  
**Water Well Plugging/Decommissioning Form**  
 OLWR-DF-1 (04/08)

K52

COUNTY WELL LOCATED: <u>Adams</u>		WELL NUMBER: <u>Armstrong No. 1</u>
PERMIT NUMBER:	DATE WELL PLUGGED: <u>9-26-16</u>	
NAME OF FIRM PLUGGING WELL: <u>Rayborn Drilling Inc.</u>	TELEPHONE NUMBER: <u>601-445-8930</u>	
NAME AND ADDRESS OF CURRENT LANDOWNER: <u>D &amp; D Drilling Inc. (For Bay Gas LLC)</u> <u>PO Box 1634</u> <u>Ferriday LA 71334</u>		
WELL LOCATION: SECTION: <u>21</u> TOWNSHIP: <u>5N</u> RANGE: <u>2W</u>		
WELL LOCATION: LATITUDE: <u>31°31'50"N</u> LONGITUDE: <u>91°17'21"W</u>		METHOD (CIRCLE ONE): (1) USGS QUAD (2) CONVENTIONAL SURVEY (3) GPS - HAND HELD OR SURVEY GRADE
DISTANCE: <u>12 miles</u> DIRECTION: <u>SE</u> NEAREST TOWN: <u>Natchez</u> OTHER LANDMARK:		
WELL PURPOSE (HOME, IRRIGATION, MUNICIPAL, ETC.): <u>Rig Supply</u>		
NAME OF WELL CONTRACTOR WHO DRILLED THE WELL: <u>Rayborn Drilling Inc.</u>		
NAME OF LANDOWNER WHEN WELL WAS DRILLED: <u>D &amp; D Drilling Inc.</u>		

WELL DATA		
WELL DEPTH: <u>120'</u>	HOLE DEPTH: <u>120'</u>	
CASING DIAMETER (IN.): <u>4</u>	CASING LENGTH (FT.): <u>100</u>	TYPE OF CASING: <u>PVC</u>
DEPTH TO STATIC WATER LEVEL: <u>70 ft.</u>	DATE WELL COMPLETED: <u>9/13/16</u>	
WHY IS THE WELL BEING ABANDONED? <u>Finished drilling Armstrong No. 1</u>		

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PLACING MATERIAL, ETC.)

Screen and well casing were left in hole.  
Filled screen with sand. Ran trimmie  
pipe to top of sand in screen. Pumped  
6 sacks of cement with 8% gel to  
surface. Cut casing off below grade  
and backfilled.

I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.

Gary Rayborn  
 PRINT NAME

[Signature]  
 SIGNATURE

0-60  
 MS LICENSE NUMBER

9-27-16  
 DATE

Received  
 SEP 28 2016  
 By OLWR