State W	Vell Report		
	Part 1 For Office Use Only:		
Mississippi Departmer	at of Environmental Quality Aquifer:		
1	and Water Resources Box 10631  Well #:		
Driller: Gary Ray Born Jackson, N	1S 39289-0631 L. S. Elevation:		
2 410 411111B 4411P11111	961-5210 4-6938 (fax) E-log #:		
(001)33	4-6938 (fax) E-log #:		
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed with the Department within		
Well Owner Information	Well Location		
Owner Name Wilcox Energy Company	Latitude:°' Longitude:°'		
Mailing Address: P.O. Drawer V	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Natchez, MS 39121 City State Zip Code	1414 Sec_4Twn_3NRng_5ω		
•	Distance Direction Nearest Town		
Telephone No. (601) 442 - 5191	Distance Direction Nearest Town of For T Ham 5		
Well	L Data		
Purpose of Well (circle one) Home Industrial Public Supply			
	$\bigcup$ 3 $\cdots$ 3 $\mid$		
Date well drilling started: 11-27-06 Date well drilling completed: 11-27-06			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above of below circle one)	land surface Date measured: 11-27-06		
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth: 120' Well depth: 120' Well grouted to a depth of 10 feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 100 feet Casing diameter: 4			
Screen length: 20 feet Screen diameter: 4	inches Type of screen:PVC		
Screen slot size: 1020 inches Setting depth: From 100 feet to 120 feet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):			
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, 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 completed in			
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
RAYBORN DRILLING, INC. 0-60	7		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

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## STATE WELL REPORT

## Part 2

Permit #:

Driller: Gary Rayborn

Date completed: 11-27-06

Pump Installer's Completion Report

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 10631

Jackson, MS 39289-0631

(601)961-5210
(601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well #: N - 16	-
Elevation:	-

This report should be prepared by the pump installer in deta installation of pump.	il and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: Wilcox Energy Company	Latitude:Longitude:
Mailing Address: P.O. Drawer V	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Natchez, MS 39121 City State Zip Code	1414 Sec_ 4 _Twn_ 3N Rng5ω
Telephone No. (601) 442-5191	Distance Direction Nearest Town  16 Miles W of fort Adam 5
Telephone No. (GOT) 172 S[1]	ivities would not be a second
Pump Type Circle one	Power Type 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: 5HP
Date Pump Installed: 11- 27-06	Setting Depth:feet
Rated Pump Capacity: Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
11-27 06	Circle one
Date Well Tested: 11-27-06  Static Water Level (A): 20 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B):Feet Below Land Surface	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	of my knowledge.
GARY Rayborn 0-60 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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If well telescopes please sketch below and show depths.

Ground Level		

Description of Formations Encountered	From	To
CHALK	0	25
	125	-
Fine SAN D	25	60
MED SAND	80	100
COARSE SAND	100	120
		$\vdash$
		1
L		

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 s aid in locating the well; 3) any roads, power lines, or other items that may aid in 4) indicate direction.  Jokson Company  15.1 M  16.1 Y  16.	locating the property and the west,
	3
Landowner Name:	

Signature of	Water Well	Contractor