	Lewis.	Sattwater Disposal 7
State We	ell Report	
	rt 1	For Office Use Only:
unty: <u><u>HITTE</u> Mississippi Department</u>	of Environmental Quality	Aquifer:
mit #: Office of Land an	nd Water Resources	Well #:6
	ox 10631 S 39289-0631	L. S. Elevation:
Suchoon, 12	61-5210	
te drilling completed: 8/16/11 (601)9 (601)354	-6938 (fax)	E-log #:
State Law requires that this report be prepared by the or 30 days of completion of drilling of the well.		
Well Owner Information		Location
vner Name Sanchez O+G Corp	Latitude: 31 . (8, 14	_" Longitude: <u>10 • 59 · 12 "</u>
ailing Address: 1111 Bagby Suite 1600	Method of Lat/Long (circle o	
0 0	USGS quad; Hand-held	I GPS, Survey-grade GPS
Houston TX 77002 City State Zip Code		Twn 2N Rng 2E
City State Zip Code	Distance Direction <u>4</u> , <u>2</u> Miles <u>5/5E</u>	of <u>Gloster</u>
Well I	L Data	
		Other: Rig Supply
urpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	
	well drilling completed:	STG11
flowing, method of flow regulation: Valve Other (c	lescribe)	
		8/16/11
tatic Water Level: <u>35</u> feet above or below (dircle one)	land surface Date measured	
lethod of Measurement (circle one) steel tape electric tape	air line other:	
Telilou of Micasulement (enere ene)	Well grouted to a depth of	O feet
lole depth: <u>65'</u> Well depth: <u>65'</u>		
ype of grout (circle one): Cement Bentonite Mix		
	inches Type of casing:	PVC
Screen length: <u>20</u> feet Screen diameter: <u>4</u>	inches Type of screen:	
Screen slot size:	45 feet to	o 5feet
		·
Type of completion (circle all applicable) Gravel packed Under		
Other (describe):	······	
Fop of lap pipe or reduction in casing:feet. If	telescoped of more than one s	or only appendix on where or F-0-
Logs run (circle all applicable): No log run Electric Gamma Ra	y Density Sonic Neutron	Other:
Name of organization running log(s):	accordance with all annlical	le requirements of the Mississippi
I certify that the well was drilled, constructed, and completed in	anartment of Health remilatio	ons and state laws.
Department of Environmental Quality and/or the Mississippi D	charmient of meanin regman	
RAYBORN DRILLING ING	(a)	
RAYBORN DRILLING, INC.	<u> </u>	e of Water Well Contract
Print Name of Water Well Contractor and License No.		
		AUG 1 8 2011
		AUG 1 8 2011
		BY: OIWE

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· STATE WELL REPORT					
County: <u>Amile</u> Permit #: <u>Pump Installer's</u> Mississippi Department Office of Land au P.O. B Jackson, M (601)9 (601)354	For Office Use Only: Completion Report t of Environmental Quality nd Water Resources lox 10631 S 39289-0631 961-5210 4-6938 (fax)				
This report should be prepared by the pump installer in detail installation of pump.					
Well Owner Information Owner Name: Sancher Q+G-Corp Mailing Address: IIII Babby Suite 1600 Horeston TX 77002 City State Zip Code Telephone No. ()	Well LocationLatitude: $31 \cdot 08 - 14$ Longitude: $90 \cdot 59 - 13$ Method of Lat/Long (circle one): Conventional Survey,USGS quad, Hand-held GPS, Survey-grade GPS $1R$ 14 NW 14 Sec 12 Twn 2N Rng 2EDistanceDirectionNearest Town 4.2 Miles $5E$ of 6105 fer				
Pump Type Circle one Air Lift Jet Submersible	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas				
Bucket Piston Turbine	Electric Motor Hand Tractor PTO				
Centrifugal Rotary Flowing Well Other (specify):	Windmill Other (specify): Horse Power Rating of Motor: 5 #P Setting Depth: 60 feet Number of Stages: 11				
Pump Test Data Date Well Tested: 8 16 11 Static Water Level (A): 35 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B)'- (A)]: Feet Below Land Surface	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Other (specify): For flowing well, measured shut in head:				
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	Well yielded GPM with a drawdown of feet after hours of pumping				
I HEREBY CERTIFY that the above statements are true to the best Carry Rayborn O-60 Print Name of Pump Installer and License No. (if applicable)	of my knowledge.				

AUG 1 8 2011

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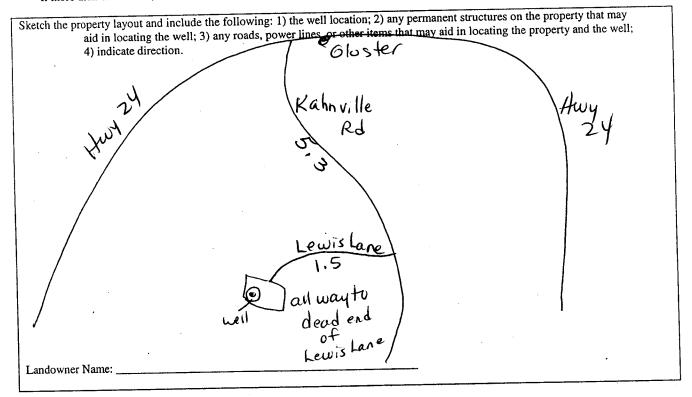
BY: OLWR

If well telescopes please sketch below and show depths.



und Level		Description of Formations Encountered		
		CHALK	0	15
		GRAVEL	15	65
	· · · · · · · · · · · · · · · · · · ·		-	
	-			+
				-
			-	+
				<u> </u>
	· ·			

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



Signature of Water Well Contractor



To

From

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