

State Well Report

Part 1

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)

County: Amite
Permit #:
Driller: Gary Rayborn
Date drilling completed: 8/16/11

For Office Use Only:
Aquifer:
Well #: L61
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information: Sanchez O+G Corp, 1111 Bagby Suite 1600, Houston TX 77002
Well Location: Latitude: 31° 08' 14" Longitude: 90° 59' 12"
Method of Lat/Long: Conventional Survey
USGS quad: IR 1/4 NW 1/4 Sec 17 Twn 2N Rng 2E
Distance: 4.2 Miles Direction: S/SE of Nearest Town: Gloster

Well Data: Purpose of Well: Other: Rig Supply
Date well drilling started: 8/16/11 Date well drilling completed: 8/16/11
Static Water Level: 35 feet above or below land surface Date measured: 8/16/11
Method of Measurement: electric tape
Hole depth: 65' Well depth: 65' Well grouted to a depth of 10 feet
Type of grout: Cement
Casing length: 45 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 45 feet to 65 feet
Type of completion: Gravel packed
Other (describe):

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 state laws.

RAYBORN DRILLING, INC. License No. 0-60
Signature of Water Well Contractor: [Signature]

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BY: OLWR

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STATE WELL REPORT

Part 2

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)

County: Amite
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 8/16/11

For Office Use Only:

Aquifer: _____
 Well #: L61
 Elevation: _____

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
Owner Name: <u>Sanchez O+G Corp</u>	Latitude: <u>31-08-14</u> Longitude: <u>90-59-13</u>
Mailing Address: <u>1111 Babby</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Suite 1800</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Houston TX 77002</u>	<u>1R 1/4 NW 1/4 Sec 17 Twn 2N Rng 2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>4.2</u> Miles <u>S/SE</u> of <u>Gloster</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>8/16/11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/16/11</u>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Gary Rayborn 0-60
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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