

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)

For Office Use Only:

Aquifer: _____
Well #: MICO
L. S. Elevation: _____
E-log #: _____

County: Amite
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 7-23-11

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		Well Location	
Owner Name: <u>ENERGY DRILLING INC</u>	Latitude: <u>31.10524</u>	Longitude: <u>90.92154</u>	
Mailing Address: <u>P.O. Box 905</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Natchez MS 39121</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>1R 1/4 1R 1/4 Sec 34 Twn 2N Rng 3E</u>		
Telephone No. <u>(601) 446-5259</u>	Distance <u>0.1</u> Miles	Direction <u>SW</u>	Nearest Town <u>Berwick, MS</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply

Date well drilling started: 7-23-11 Date well drilling completed: 7-23-11

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 7-23-11

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 97' Well depth: 97' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77' feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1020 inches Setting depth: From 77 feet to 97 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 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. 0-60 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JUL 27 2011

BY: OIWR

RAYBORN DRILLING, INC.

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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: 7-23-11

For Office Use Only:
Aquifer: _____
Well #: MICO
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>ENERGY Drilling Inc</u>	Latitude: <u>31.10524</u> Longitude: <u>90.92154</u> <u>31-06-19</u> <u>90-55-17</u>
Mailing Address: _____ <u>P.O. Box 905</u> <u>Natchez MS 39121</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1R</u> 1/4 <u>1R</u> 1/4 Sec <u>34</u> Twn <u>2N</u> Rng <u>3E</u>
Telephone No. <u>(601) 446-5259</u>	Distance Direction Nearest Town <u>.1</u> Miles <u>SW</u> of <u>Berwick, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>7-23-11</u>	Setting Depth: <u>84</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>7-23-11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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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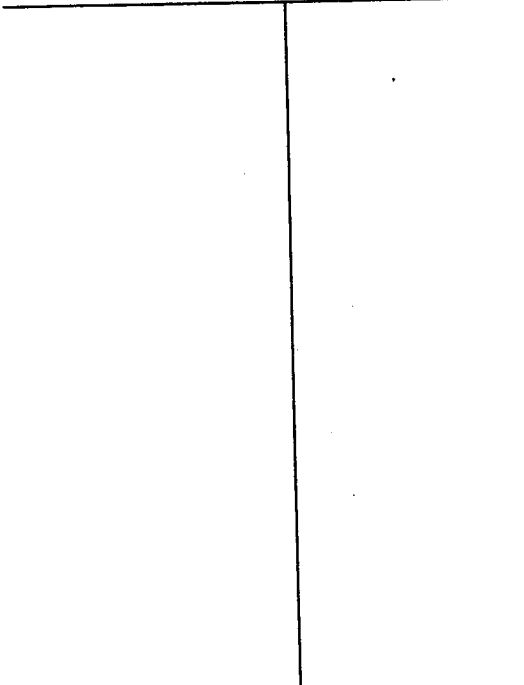
1950

1951

1952

If well telescopes please sketch below and show depths.

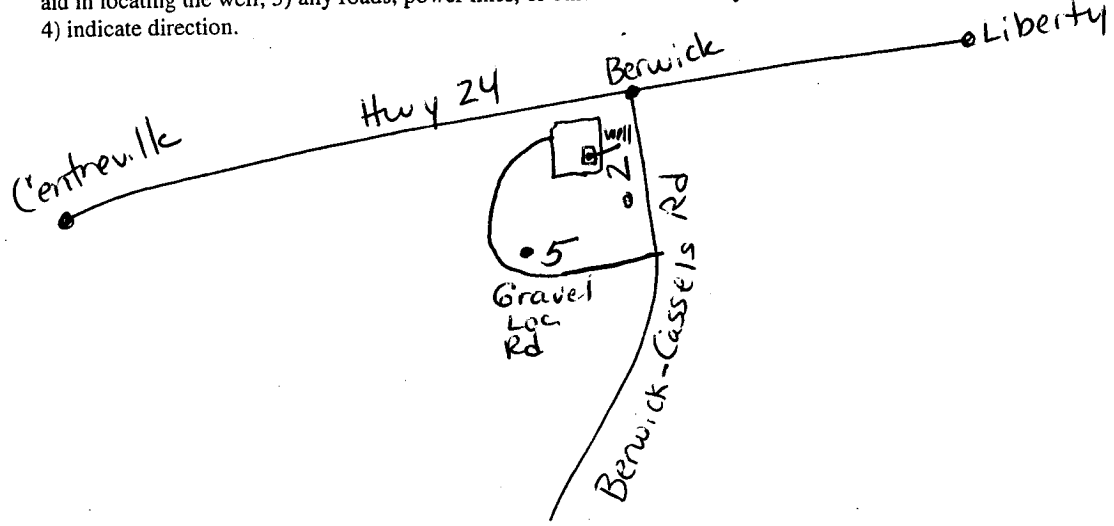
Ground Level



Description of Formations Encountered	From	To
CLAY	0	15
GRAVEL	15	35
CLAY	35	65
Pea Gravel	65	97

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 structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

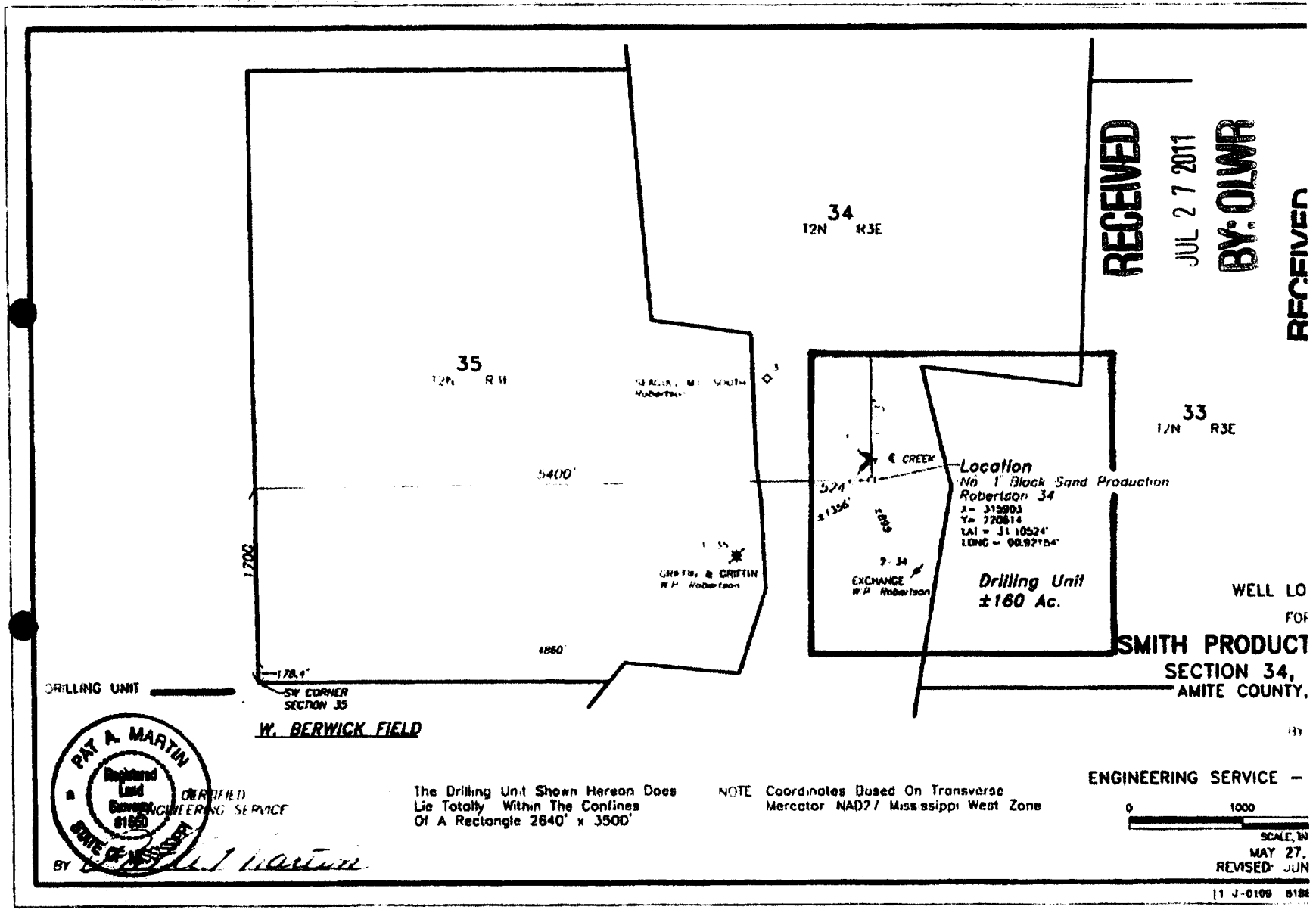


Landowner Name: _____



Signature of Water Well Contractor

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JUN 27 2011

NOTICE: BEFORE FILING THIS FORM, BE SURE THAT ALL INFORMATION REQUESTED IS GIVEN. SEE INSTRUCTIONS ON REVERSE SIDE OF FORM.

APPROVED BY: [Signature]

APPROVAL DATE: 6/30/2011

PERMIT NUMBER: 2011-098-228

STATE: MS COUNTY: Franklin WELL: 005 20737

MISSISSIPPI STATE OIL AND GAS BOARD
FORM 2 (Rev. 5/10)
A.P.I. WELL NUMBER

EXECUTED THIS THE 23rd DAY OF June 2011

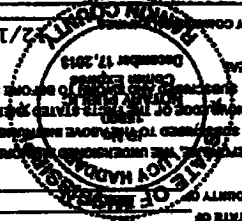
SIGNATURE OF APPLICANT: [Signature]

J. Brooke Futch, III
NOTARY PUBLIC IN AND FOR THE STATE OF MISSISSIPPI
Franklin

DATE: June 24th DAY OF June 2011

STATE OF MISSISSIPPI
COUNTY OF Franklin

BEFORE ME, THE UNDERSIGNING NOTARY PUBLIC, WHO BEING BY ME DULY SWORN ON OATH, STATES THAT HE IS ONLY AUTHORIZED TO MAKE THE ABOVE REPORT AND THAT HE HAS KNOWLEDGE TO THE BEST OF HIS BELIEF THAT THE PERSON WHOSE NAME IS APPEARED ON THIS DAY PERSONALLY APPEARED.



ARE THERE SEPARATELY OWNED TRACTS OR INTERESTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT (REF. MS. STATUTE 33-7)?		IF YES, HAVE THE PERSONS OWNING THE DRILLING RIGHTS IN SAID TRACTS OR INTERESTS AND A DRILLING UNIT AND TO THE DRILLING OF THE WELL? (REF. MS. STATUTE 33-3-7)	
YES	NO	YES	NO
RECEIVED JUN 24 2011 STATE OIL & GAS BOARD			
NOTE: AREA FIELD INSPECTOR OR FIELD DIRECTOR (LACKSON OFFICE) OF DATE OF DRILLING AND REACHING TOTAL DEPTH.			
MISSISSIPPI STATE OIL AND GAS BOARD, 500 Graymont Avenue, Suite E, Jackson, MS 39202 601-354-7142			
PURPOSE: THIS IS AN APPLICATION TO WORKOVER, REWELL, REDEPTH, REPAIR, REFRAC, OR REPERFORATE AN EXISTING WELL OR TO DRILL A NEW WELL IN AN EXISTING DRILLING UNIT.			
NAME OF COMPANY OR OPERATOR: <u>Smith Production Company</u>			
ADDRESS: <u>P. O. Box 6177</u>			
CITY: <u>Jackson</u> STATE: <u>MS</u> ZIP: <u>39288</u>			
NAME OF DRILLING CONTRACTOR: <u>Energy Drilling Company</u>			
ADDRESS: <u>P. O. Box 905</u>			
CITY: <u>Natchez</u> STATE: <u>MS</u> ZIP: <u>39121-0905</u>			
FOR CHANGE OF OPERATOR ONLY - SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF INTERESTS NEITHER AT THE SIGNATURE			
NAME OF FORMER OPERATOR			
PROPOSED DEPTH: <u>12,300</u> FEET			
CASING: <u>3000</u> FEET			
NUMBER OF ACRES IN DRILLING UNIT: <u>160</u> ACRES			
DISTANCE FROM PROPOSED LOCATION TO NEAREST EXISTING WELL: <u>524</u> FEET			
DISTANCE FROM PROPOSED LOCATION TO NEAREST EXISTING WELL: <u>895</u> FEET			
FIELD NAME: <u>Blackfield, Lower Tuscaloosa A Sand</u>			
SECTION: <u>34</u> TOWNSHIP: <u>2N-3E</u>			
RANGE: <u>34</u> NORTH OF SOUTH LINE OF SECTION 35			
EAST OF WEST LINE OF SECTION 35			
WELL LOCATION (EASTING, NORTHING, GIVE FOOTAGE FROM SECTION CORNER): <u>Blackfield Production - Robertson 34</u>			
WELL NO.: <u>Jackson</u>			
ELEVATION (FEET): <u>39288</u>			
STATE: <u>MS</u> ZIP: <u>39288</u>			
CITY: <u>Jackson</u>			
ADDRESS: <u>P. O. Box 6177</u>			
NAME OF COMPANY OR OPERATOR: <u>Smith Production Company</u>			
DATE: <u>6/22/2011</u>			

MISSISSIPPI STATE OIL AND GAS BOARD

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

FORM NO. 2

APPLICATION TO DRILL

WORKOVER

CHANGE OF OPERATOR

29732