

State Well Report

Horse Creek Prospect #1

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 #: P103
L. S. Elevation:
E-log #:

County: Amite
Permit #:
Driller: Gary Rayborn
Date drilling completed: 4-9-12

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: Energy Drilling Inc, P.O. Drawer V, Natchez MS 39121, (601) 446-5259
Well Location: Latitude: 31° 10' 20" Longitude: 90° 37' 37"
Method of Lat/Long: Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 NW 1/4 Sec 5 Twn 2N Rng 6E
Distance 9.3 Miles Direction E of Nearest Town Liberty

Well Data: Purpose of Well: Other: Rig Supply
Date well drilling started: 4/9/12 Date well drilling completed: 4/9/12
Static Water Level: 80 feet above or below land surface Date measured: 4-9-12
Method of Measurement: electric tape
Hole depth: 200' Well depth: 200' Well grouted to a depth of 10 feet
Type of grout: Cement
Casing length: 180 feet Casing diameter: 4 inches Type of casing: PUC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PUC
Screen slot size: 1020 inches Setting depth: From 180 feet to 200 feet
Type of completion: Gravel packed
Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on back of page
Logs run: 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

RECEIVED
APR 23 2012
BY: OLWR

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: 4-9-12

For Office Use Only:

Aquifer: _____
 Well #: P103
 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: _____ Longitude: _____
Mailing Address: _____ <u>P.O. Box 905</u> <u>Natchez, MS 39121</u> <small>City State Zip Code</small>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>2N</u> Rng <u>6E</u>
Telephone No. <u>(601) 446-5259</u>	Distance _____ Direction _____ Nearest Town _____ <u>9.3</u> Miles <u>E</u> of <u>Liberty</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>4-9-12</u>	Setting Depth: <u>126</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>4-9-12</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>80</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: <u>60</u> 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 of Pump Installer

RECEIVED
 APR 23 2012
 BY: OLWR

