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: 6/30/12

For Office Use Only:
Aquifer:
Well #: Q42
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

Owner Name: ENCANA / Pinnergy by Ltd

Mailing Address: P. O. Box 202

Carthage, TX 75633
City State Zip Code

Telephone No. (____)

Well Location

Latitude: 31 ° 01 ' 48" Longitude: 90 ° 58 ' 42"

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

SW ¼ SE ¼ Sec. 31 Twn 1N Rng 2E

Distance 5 Miles Direction SE of Nearest Town Centreville

Well Data

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

Date well drilling started: 6/29/12 Date well drilling completed: 6/30/12

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 6/30/12

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

Hole depth: 240 Well depth: 240 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .020 inches Setting depth: From 200 feet to 240 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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Q A2

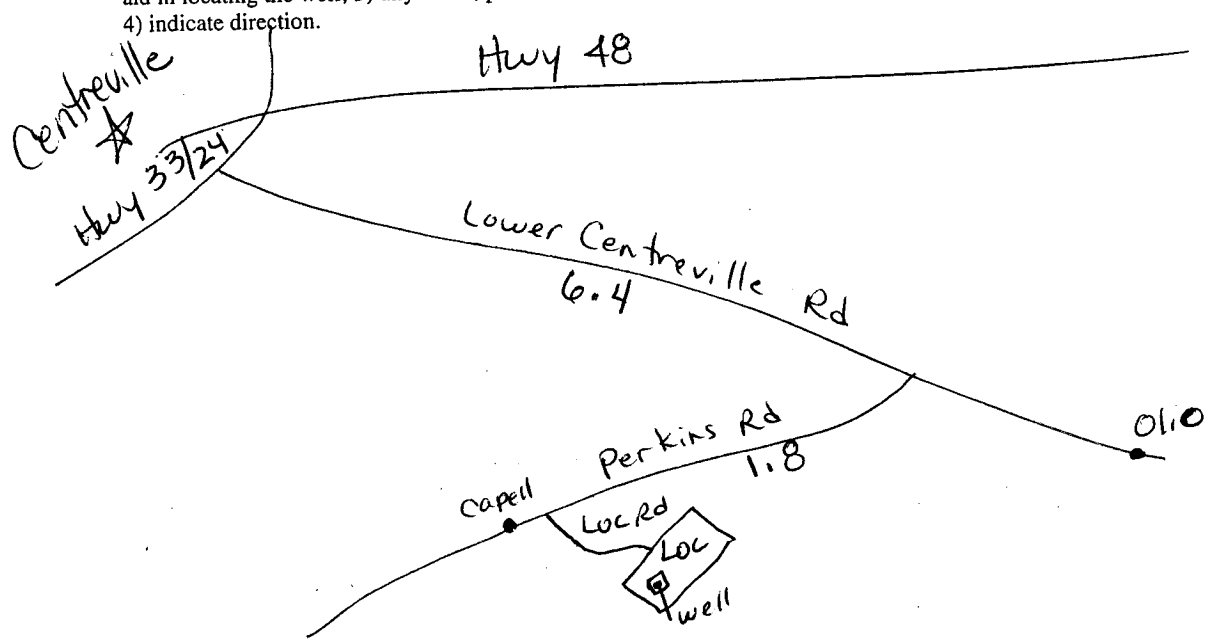
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red, Sandy Clay	0	80
Chalk	80	195
Medium Sand	195	240

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

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: 6/30/12

For Office Use Only:
Aquifer:
Well #: Q42
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

Owner Name: ENCANA by Pinnergy Ltd.
Mailing Address: P.O. Box 202
Carthage TX 75633
City State Zip Code
Telephone No. (____)

Well Location

Latitude: ____ Longitude: ____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SW ¼ SE ¼ Sec ~~31~~ 28 Twn 1N Rng 2E
Distance 5 Miles Direction SE of Nearest Town Centreville

Pump Type
Circle one

Air Lift, Jet, [Submersible], Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 7/2/12
Rated Pump Capacity: 60 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, [Electric Motor], Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 5 HP
Setting Depth: 168 feet
Number of Stages: 11

Pump Test Data

Date Well Tested: 7/2/12
Static Water Level (A): 110 Feet Below Land Surface
Pumping Water Level (B): ____ Feet Below Land Surface
Drawdown [(B) – (A)]: ____ Feet Below Land Surface
Test Pumping Rate: 70 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): ____ hours

Method of Measuring Water Level
Circle one

Air Line, [Electric Measuring Line], Steel Tape
Other (specify):
For flowing well, measured shut in head: ____ feet
Well yielded 70 GPM with a drawdown of ____ feet after ____ hours of pumping

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

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JUL 09 2012
BY: OLWR