

~~New Owners~~
~~Transfer ownership from Energy Drilling, Inc~~

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: 5/4/12

For Office Use Only:
Aquifer: _____
Well #: T78
L. S. Elevation: _____
E-log #: _____

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

Well Owner Information	Well Location
Owner Name: <u>Heckmann Water Resources</u>	Latitude: <u>31° 04' 38"</u> Longitude: <u>90° 41' 12"</u>
Mailing Address: <u>301 Main St</u> <u>(ATTN: Justin Mitchell)</u> <u>Baton Rouge LA 70825</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> ¼ <u>SE</u> ¼ Sec <u>3</u> Twn <u>1N</u> Rng <u>5W</u>
Telephone No. <u>(225) 931-1322</u>	Distance <u>8.6</u> Miles Direction <u>SE</u> of Nearest Town <u>Liberty</u>

Well Data commercial use General Purposes

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

Date well drilling started: 5/4/12 Date well drilling completed: 5/4/12

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 5/4/12

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

Hole depth: 180' Well depth: 180' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160 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 160 feet to 180 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

RECEIVED
JUN 2-5 2012
BY: OLWR

Heckmann Water Resources
wants to keep this well - DO NOT PLUG -
5-23-12

MISSOURI SWD #1

County: Amite
 Permit #: _____
 Driller: Gary Rayborn
 Date drilling completed: 5-4-12

Per Jerry
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 #: T 78
 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	Well Location
Owner Name: <u>ENERGY DRILLING Co</u>	Latitude: <u>31° 04' 38"</u> Longitude: <u>90° 41' 12"</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
Telephone No. <u>(601) 446-5259</u>	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>3</u> Twn <u>1N</u> Rng <u>5E</u>
	Distance <u>8.6</u> Miles Direction <u>SE</u> of Nearest Town <u>Liberty</u>

Well Data

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

Date well drilling started: 5-4-12 Date well drilling completed: 5-4-12

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

Static Water Level: 60 feet above or (below) (circle one) land surface Date measured: 5-4-12

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

Hole depth: 180' Well depth: 180' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160 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 160 feet to 180 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.

ENERGY DRILLING, INC. 0-60
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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MAY 25 2012

BY: OLWR

If well telescopes please sketch below and show depths.

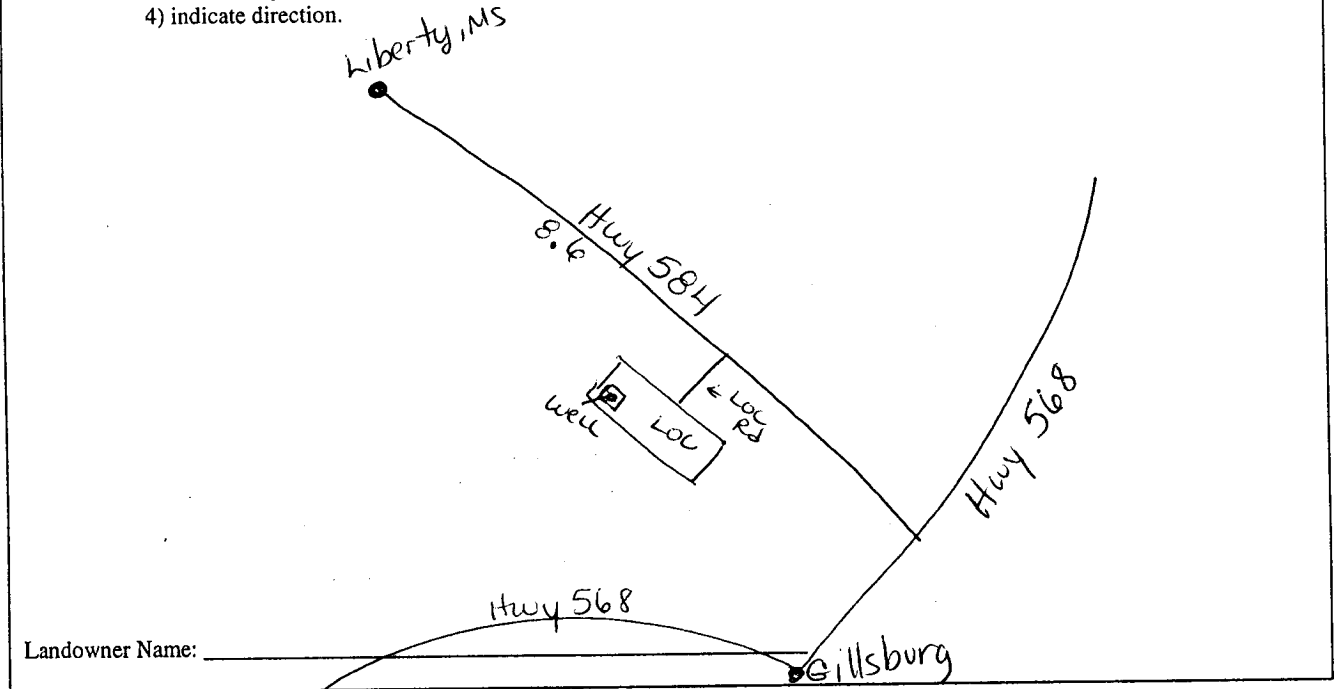
Ground Level

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Description of Formations Encountered	From	To
Red Chalk	0	45
SAND and Pea Gravel	45	180

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

[Handwritten Signature]

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MAY 25 2012

BY: OLWR

Former owner:
Energy Drilling Inc
Rig Supply

STATE WELL REPORT New Owner

County: Amite
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 5/4/12

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)

For Office Use Only:
 Aquifer: _____
 Well #: T78
 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>Heckmann Water Resources</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Attn: Justin Mitchell</u> <u>301 Main St</u> <u>BR LA 70825</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>1N</u> Rng <u>50E</u>
Telephone No. <u>(225) 931-1322</u>	Distance Direction Nearest Town <u>8.6</u> Miles <u>SE</u> of <u>Liberty</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>5/4/12</u>	Setting Depth: <u>147</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/4/12</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>60</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

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JUN 25 2012

BY: OLWR

T78

RE: Water well in Amite Co - 'att.net Mail'

Page 1 of 6



Wednesday, June 13, 2012 4:09 PM

RE: Water well in Amite Co

From: "Justin Mitchell" <justin.mitchell@hwrcorp.com>
To: "paula quillot" <raybornwaterwell@bellsouth.net>

Paula,
We are an oil field service company that disposes of waste water associated with the drilling of oil wells. We are in the process of constructing a facility where this water is trucked and unloaded into our tank battery and then injected after going through a series of tanks.
The reason for the fresh water well is to provide a 12x30 office that will be onsite with water for toilet, sink, and shower. We also need hose bibs for cleaning and maintenance of the facility. All of this water is collected by catch basins that are tied into our pump/tank system.
The water used onsite is for general purpose needs.

Let me know if you need anything else.

Thanks,
Justin Mitchell
Heckmann Water Resources
Project Manager
Cell: 225.931.1322
Office: 225.343.3807
Fax: 225.343.3881
Justin.mitchell@hwrcorp.com



From: paula quillot [mailto:raybornwaterwell@bellsouth.net]
Sent: Tuesday, June 12, 2012 1:31 PM
To: Justin Mitchell
Subject: RE: Water well in Amite Co

RECEIVED
JUN 25 2012
BY: OLWR

Justin,