

County: Clarke
 Permit #: _____
 Driller: Walker-Hill Environmental, Inc.
 Date drilling completed: 8/3/2007

State Well Report Part 1 – Driller’s Log

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 #: L-59
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>Enbridge Processing (Mississippi), LLC.</u>	Latitude: <u>31 ° 59 ' 00 "</u> Longitude: <u>88 ° 50 ' 07 "</u>
Mailing Address: <u>1100 Louisiana Street, Suite 300</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Houston TX 77002</u> City State Zip Code	<u>USGS quad</u> Hand-held GPS, Survey-grade GPS
Telephone No. <u>(832) 214-9370</u>	<u>NW ¼ SE ¼ Sec 26 Twn 2N Rng 14E</u>
	Distance Direction Nearest Town <u>5 Miles SE of Pachuta</u>

Well / Borehole Data

Date drilling started: 7/30/07 Date drilling completed: 8/3/07 Hole depth: 32' Hole diameter: 10.25"

Location of the source of any surface water used for drilling: N/A
 Method of dosing and volume of Chlorine used in drilling and development: N/A

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation ___ Ground Source Heat Pump ___
 Seismic Survey ___ Other (describe) Monitoring/Recovery Well
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home ___ Industrial ___ Public Supply ___ Irrigation ___ Fish Culture ___ Other: Monitor/Recovery

If a flowing well, method of flow regulation: Valve ___ N/A ___ Other (describe) ___ N/A ___

Static Water Level: 17 feet above of below (circle one) land surface Date measured: 8/3/2007

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

Well depth: 30 Well grouted to a depth of 6 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 10 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 10 feet to 30 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): Above grade completion with 3'x 3' concrete pads

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

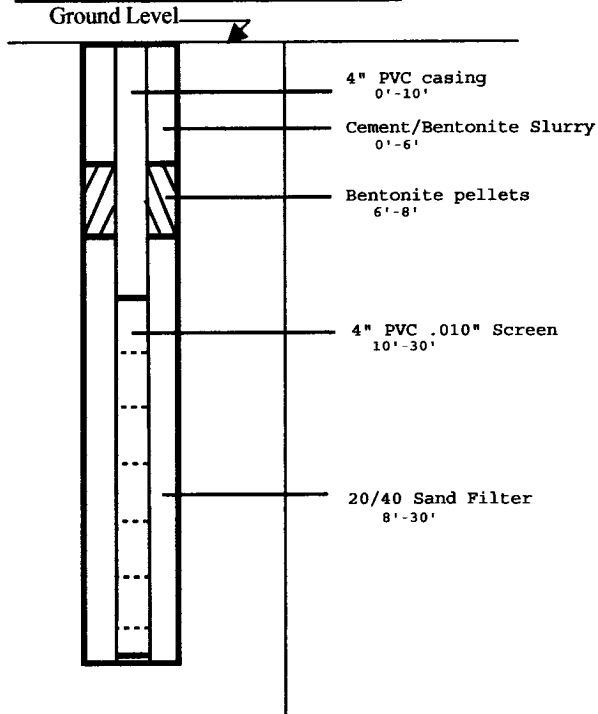
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L-59

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

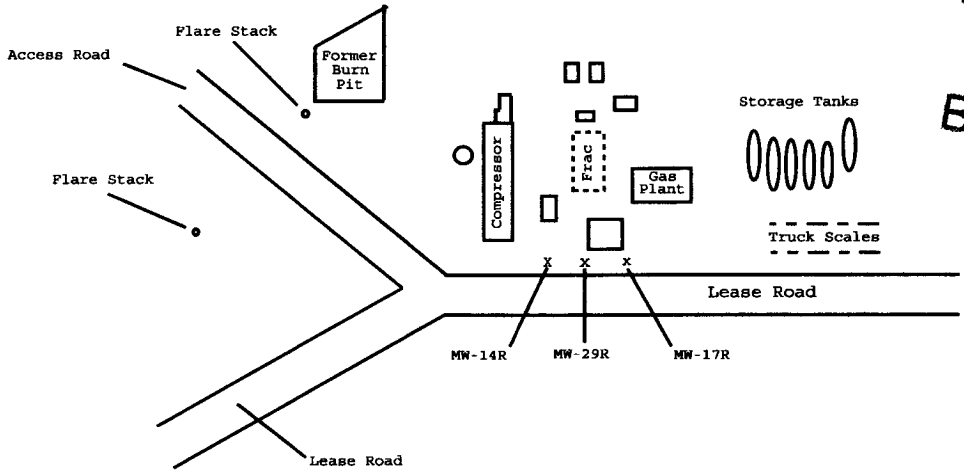
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Brown clayey silt	Ground Level	12'
Lt. gray to brown sandy clay	12'	16'
Lt. gray sand (moist)	16'	22'
Fine grained sand (wet)	22'	28'
Fine sand to sandy clay	28'	32'

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) a north arrow.



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Landowner Name: Enbridge Processing (MW-14R, MW-17R, MW-29R)

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

GARY P. Hill

0-578

9-3-07

Gary P Hill

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee