

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 #: E 54
L. S. Elevation: _____
E-log #: _____

County: Corington
Permit #: _____
Driller: John W Thompson
Date drilling completed: 10-4-06

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>Massbacher Energy</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>712 Main St Suite 2200</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Houston TX</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec <u>25</u> Twn <u>8N</u> Rng <u>15W</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____ |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: rig supply
Date well drilling started: 10-4-06 Date well drilling completed: 10-4-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 151 feet above or below (circle one) land surface Date measured: 10-4-06
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 283 Well depth: 280 Well grouted to a depth of 20 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 260 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted
Screen slot size: .020 inches Setting depth: From 160 feet to 280 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.

John W Thompson 0-679
Print Name of Water Well Contractor and License No.

John W Thompson
Signature of Water Well Contractor

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OCT 13 2006
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: Covington
Permit #: _____
Driller: John V Thompson
Date completed: 10-4-06

For Office Use Only:

Aquifer: _____
Well #: E-54
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>Massbacher Energy</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>712 Main St Suite 200</u> <u>Houston TX 77002</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____ | _____ 1/4 _____ 1/4 Sec <u>25</u> Twn <u>8N</u> Rng <u>15W</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____ |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| <input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ | <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>200</u> feet Number of Stages: _____ |
| Date Pump Installed: <u>10-4-06</u> | |
| Rated Pump Capacity: <u>55</u> Gallons Per Minute | |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>10-4-06</u> | <input checked="" type="checkbox"/> <u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape |
| Static Water Level (A): <u>151</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>156</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface | Well yielded <u>40</u> GPM with a drawdown of |
| Test Pumping Rate: <u>40</u> Gallons Per Minute | <u>5</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John V Thompson 0-679
Print Name of Pump Installer and License No. (if applicable)

John V Thompson
Signature of Pump Installer

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BY: OLWR