

State Well Report Part I

County: Covington
 Permit #: N/A
 Driller: Tom Griffith Waterwell
 Date drilling completed: 7/14/07

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 #: M-72
 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>Ventex Corp.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3500 Oak Lawn</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Suite 720</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Dallas TX 75219</u>	<u>4</u> ¹ / ₄ Sec <u>11</u> Twn <u>6N</u> Rng <u>16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>6</u> Miles <u>NW</u> of <u>Summerall</u>

Well Data

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

Date well drilling started: 7/12/07 Date well drilling completed: 7/14/07

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 7/14/07

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4" inches Type of casing: Sch 40 PVC

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

Screen slot size: 0.010 inches Setting depth: From 140 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: N/A 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: NO

Name of organization running log(s): N/A

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.

Tom Griffith Waterwell & Prod. Inc [Signature]
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

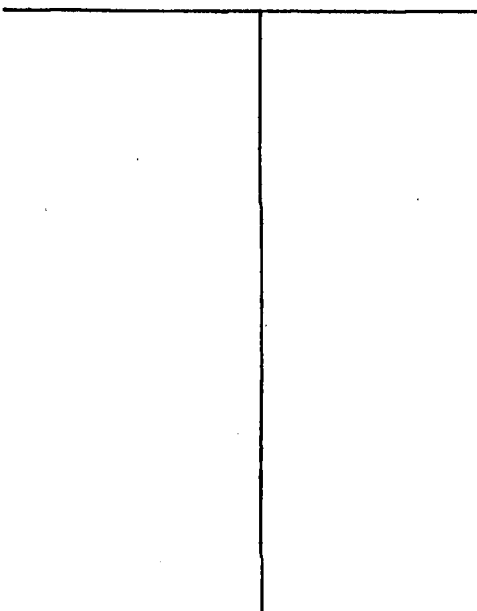
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If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay & Gravel Fill	0	6
Clay	6	29
White Sand	29	35
Gray Clay	35	100
Sand / white & Red Green	100	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]
Signature of Water Well Contractor

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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: Cunington, MS
 Permit #: N/A
 Driller: Tom Griffith Water Well
 Date completed: 7/14/07

For Office Use Only:

Aquifer: _____
 Well #: M-72
 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>Ventex Corp.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3500 Oak Lawn</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Suite 720</u>	USGS quad, Hand-held GPS, Survey grade (GPS)
<u>Dallas TX 75219</u>	_____ 1/4 _____ 1/4 Sec. <u>11</u> Twn. <u>60N</u> Rng. <u>16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>6</u> Miles <u>NW</u> of <u>Sumnerall</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>7/12/07</u>	Setting Depth: <u>189</u> feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/14/07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): <u>Line</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>65</u> GPM with a drawdown of _____
Test Pumping Rate: <u>65</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Tom Griffith Water Well 0-402 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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