

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 #: M-105
L. S. Elevation: _____
E-log #: _____

County: Forrest
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 4-28-07

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>PAR Minerals Corp</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>509 Market St</u> <u>Suite 300</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Shreveport LA 71101</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>17</u> Twn <u>15</u> Rng <u>13W</u>
Telephone No. <u>(318) 221-6156</u>	Distance _____ Direction _____ Nearest Town _____ <u>7</u> Miles <u>E</u> of <u>Lumberton MS</u>

Well Data

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

Date well drilling started: 4-27-07 Date well drilling completed: 4-28-07

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

Static Water Level: 130 feet above or below (circle one) land surface Date measured: 4-28-2007

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

Hole depth: 420' Well depth: 420' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 400 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1020 inches Setting depth: From 400 feet to 420 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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M-105

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red Clay	0	75
Blue Clay	75	380
SAND	380	420

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.

The sketch shows a property layout with the following details:

- Ida Bounds**: A rectangular area at the top left.
- well**: A square symbol located within the Ida Bounds area.
- 200 yds**: A dimension line indicating the distance from the well to the bottom edge of the Ida Bounds area.
- Entrance Rd**: A road located below the Ida Bounds area.
- 1 m**: A dimension line indicating the distance from the Entrance Rd to the bottom edge of the Ida Bounds area.
- 2.8 Sooke Rd**: A road extending from the Entrance Rd area towards the right.
- old 13 road**: A road extending from the Sooke Rd area towards the right.
- 4.5**: A dimension line indicating the distance from the Sooke Rd area to the intersection of Hwy 13 and Hwy 59.
- Hwy 13**: A horizontal road at the bottom center.
- Hwy 59**: A vertical road on the right side.
- Lomberton**: A location name located near the intersection of Hwy 13 and Hwy 59.

Landowner Name: _____

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)

For Office Use Only:

Aquifer: _____

Well #: M-105

Elevation: _____

County: Forrest
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 4-28-2007

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>PAR Minerals Corp</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>509 Market St</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Suite 300</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Shreveport, LA 71101</u>	_____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>19</u> Rng <u>13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(318) 221-6156</u>	_____ Miles _____ of <u>Lumberton, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>4-30-07</u>	Setting Depth: <u>189</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-30-07</u>	Air Line <input checked="" type="checkbox"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>130</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
Test Pumping Rate: <u>60</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.

Gary Rayborn 0-60
 Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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MAY 24 2007

BY: OLWR