

~~*Change of ownership of well~~

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: _____
Aquifer: _____
E-Log #: _____

County: Forrest

Permit #: _____

Driller: Gary Rayborn

Date drilling completed: 8/29/14

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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Charles & Marjorie Bounds</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>21 Cameron Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Wiggins</u> MS <u>39577</u> City State Zip Code	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. <u>(601) 928-4538</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: _____ Date drilling completed: _____ Hole depth: _____ Hole diameter: _____

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: _____ feet [above or below] land surface Date measured: _____
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

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

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

See Attached Log
Spec Original

RECEIVED
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Transferring to hand owner 9/20/14 Charles + Marjorie Bonds

PXP Prod. Co. 12 #1

STATE WELL REPORT

Part I

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: M115
Aquifer: _____
E-Log #: _____

County: Forrest
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 8-29-14

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Energy Drilling Inc</u> Mailing Address: <u>(for Petrochem Oper.)</u> <u>P.O. Box 905</u> <u>Natchez MS 39121</u> City State Zip Code Telephone No. <u>(601) 446-5259</u>	Latitude: <u>30° 58' 46"</u> Longitude: <u>89° 15' 11"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW 1/4 NW 1/4, Sec 12 T 15 R 13W</u> <u>1</u> Miles <u>S</u> of <u>Carnes</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8-28-14 Date drilling completed: 8-29-14 Hole depth: 140' Hole diameter: 4"

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run, Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 30 feet [above or below] land surface Date measured: 8/29/14
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 140' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120 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 120 feet to 140 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

STATE WELL REPORT

PXP Prod. Co. 12#1

County: <u>Forrest</u>
Permit #: _____
Driller: <u>Gary Rayborn</u>
Date completed: <u>8-29-14</u>
<i>Copy information from block on Part 1</i>

Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:
Well #: <u>M 115</u>
Aquifer: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Energy Drilling Inc</u>	Latitude: <u>30°58'46"</u> Longitude: <u>89°15'11"</u>
Mailing Address: <u>(for Petrochem Oper.)</u>	Method of Lat/Long (check one): Conventional Survey _____,
<u>P.O. Box 905</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Natchez</u> <u>MS</u> <u>39121</u>	<u>NW 1/4 NW 1/4, Sec 12 T 19 R 13W</u>
City State Zip Code	<u>1</u> Miles <u>S</u> of <u>Carnes</u>
Telephone No. <u>(601) 446-5259</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
<input checked="" type="checkbox"/> Submersible: Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: <u>8/29/14</u> Rated Pump Capacity: <u>60</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement

Power Type (circle one)
<input checked="" type="checkbox"/> Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>105</u> feet Number of Stages: <u>13</u>

Pump Test Data for Non Flowing Well
Date Well Tested: <u>8/29/14</u> Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>30</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>60</u> Gallons Per Minute
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (circle one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement
<i>Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.</i>

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Rayborn Drilling Inc</u> <u>0-60</u> <u>9-2-14</u>	_____	_____
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer