

Williams et al No. 1

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: <u>D30</u>	
Well #: <u>C19</u>	
L. S. Elevation: _____	
E-log #: _____	

County: <u>Franklin</u>
Permit #: _____
Driller: <u>Gary Rayborn</u>
Date drilling completed: <u>8/15/11</u>

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>Wilcox Energy Co</u>	Latitude: <u>31° 32' 18"</u>	Longitude: <u>90° 55' 03"</u>	
Mailing Address: <u>P.O. Drawer V</u>	Method of Lat/Long (circle one): Conventional Survey, <u>11</u>		
<u>Natchez MS 39121</u>	USGS quad: Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>NE 1/4 NW Sec 33. 04 1WN 7N Rng 3E04</u>		
Telephone No. <u>(601) 442-5191</u>	Distance: <u>4</u> Miles	Direction: <u>N/NW</u>	Nearest Town: <u>Meadville</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Riq Supply</u>	
Date well drilling started: <u>8/13/11</u>	Date well drilling completed: <u>8/15/11</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>70</u> feet above or below (circle one) land surface	Date measured: <u>8/15/11</u>
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>298'</u> Well depth: <u>298'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>258</u> feet Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches	Type of screen: <u>PVC</u>
Screen slot size: <u>.020</u> inches	Setting depth: From <u>258</u> feet to <u>298</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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

Signature of Water Well Contractor

RECEIVED

Print Name of Water Well Contractor and License No.

AUG 22 2011

BY: OLIVER

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
CHALK	0	15
GRAVEL	15	35
CHALK	35	275
SAND	275	298

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 features:

- McNair Rd**: A road running from the top left towards the bottom right.
- Tillman Rd**: A road branching off McNair Rd, labeled "2.3 mile".
- Well**: Located at the end of Tillman Rd, with a "90'" dimension and ".02 Gravel" noted nearby.
- McNair Rd**: A second road segment branching off the first McNair Rd, labeled "3.8 miles".
- Meadville**: A location marked with a dot and labeled "184" at the end of the second McNair Rd segment.

Landowner Name: _____

[Handwritten Signature]

Signature of Water Well Contractor

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 AUG 29 2011
 BY: OLIVER

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 #: C19

Elevation: _____

County: Franklin Co

Permit #: _____

Driller: Gary Rayborn

Date completed: 8/15/2011

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

Owner Name: Wilcox Energy Co

Mailing Address: P.O. Drawer V
Natchez MS 39121
City State Zip Code

Telephone No. (601) 442-5191

Well Location

Latitude: 31° 32.188 Longitude: 90° 55.055
11 03

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

NE ¼ NW ¼ Sec 33^{OK} Twn 7N Rng 3E

Distance Direction Nearest Town
4 Miles N/NW of Meadville

Pump Type
Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 8/16/11

Rated Pump Capacity: 60 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 5HP

Setting Depth: 189 feet

Number of Stages: 11

Pump Test Data

Date Well Tested: 8/16/11

Static Water Level (A): 70 Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: 60 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 60 GPM with a drawdown of _____ feet after _____ hours of pumping

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

Gary Rayborn 060
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

RECEIVED
 AUG 22 2011
 BY: OLWR