

STATE WELL REPORT

USA 35-3 No. 1

County: Franklin
 Permit #: _____
 Driller: Gary Rauborn
 Date drilling completed: 5-4-16

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 #: C.22
 Aquifer: _____
 E-Log #: _____

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>D & D Drilling Inc.</u>	Latitude: <u>31° 32' 1" N</u> Longitude: <u>90° 52' 56" W</u>
Mailing Address: <u>(for Smith Production)</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 1634</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Ferriday LA 71334</u>	<u>NE 1/4 NW 1/4, Sec 35 T 7N R 3E</u>
City State Zip Code	<u>5</u> Miles <u>N</u> of <u>Meadville</u>
Telephone No. <u>(318) 757-3274</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>5/4/16</u>	Date drilling completed: <u>5/4/16</u> Hole depth: <u>160'</u> Hole diameter: <u>4"</u>
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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture	
Other (describe): <u>Rig Supply</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>85</u> feet [above or <u>(below)</u> land surface (circle one)]	Date measured: <u>5/4/16</u>
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____	
Well depth: <u>160'</u> Well grouted to a depth of: <u>10'</u> feet	Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix
Casing length: <u>140</u> feet	Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</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>140</u> feet to <u>160</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page.</i>	

Received

MAY 09 2016

Form: OLWR-SWR-1A (4/13)
 By OLWR

STATE WELL REPORT

USA 35-3 No. 1

County: Franklin
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 5/4/16
Copy information from block on Part 1

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 #: C22
 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>D & D Drilling Inc.</u>	Latitude: <u>31°32'1" N</u> Longitude: <u>90°52'56" W</u>
Mailing Address: <u>(for Smith Production)</u> <u>PO Box 1634</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Ferriday</u> <u>LA</u> <u>71334</u>	<u>NE 1/4 N.W 1/4</u> , Sec <u>35</u> T <u>7N</u> R <u>3E</u>
City State Zip Code	<u>5</u> Miles <u>N</u> of <u>Meadville</u>
Telephone No. <u>(318) 757-3274</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 5/4/16 Rated Pump Capacity: 60 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 5 Setting Depth: 147 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 5/4/16 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 85 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

Method of measurement (circle one): Steel tape Electric tape 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): New Repaired Replacement

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

Rayborn Drilling Inc. 0-60 5/4/16
 Print Name of Pump Installer and License No. (if applicable) Date

Signature of Pump Installer _____

Received

MAY 09 2016
 Form: OLWR-SWR-TB (4/13)

By OLWR

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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
 Office of Land and Water Resources
 P. O. Box 2309
 Jackson, MS 39225
 Water Well Plugging/Decommissioning Form
 OLWR-DF-1 (04/08)

037022

COUNTY WELL LOCATED: <u>Franklin</u>		WELL NUMBER: <u>USA 35-3 No. 1</u>
PERMIT NUMBER:	DATE WELL PLUGGED: <u>5-24-16</u>	
NAME OF FIRM PLUGGING WELL: <u>Rayborn Drilling Inc.</u>		TELEPHONE NUMBER: <u>601-445-8930</u>
NAME AND ADDRESS OF CURRENT LANDOWNER: <u>D & D Drilling Inc. (for Smith Production) P.O. Box 1634 Ferriday LA 71334</u>		
WELL LOCATION:	SECTION: <u>35</u>	TOWNSHIP: <u>7N</u> RANGE: <u>3E</u>
WELL LOCATION: LATITUDE: <u>31°32'1"N</u>	LONGITUDE: <u>90°52'56"W</u>	METHOD (CIRCLE ONE): (1) USGS QUAD (2) CONVENTIONAL SURVEY (3) GPS - HAND HELD OR SURVEY GRADE
DISTANCE: <u>5 m.</u>	DIRECTION: <u>N</u>	NEAREST TOWN: <u>Meadville</u> OTHER LANDMARK:
WELL PURPOSE (HOME, IRRIGATION, MUNICIPAL, ETC.): <u>Rig Supply</u>		
NAME OF WELL CONTRACTOR WHO DRILLED THE WELL: <u>Rayborn Drilling Inc.</u>		
NAME OF LANDOWNER WHEN WELL WAS DRILLED: <u>D & D Drilling Inc.</u>		

WELL DATA		
WELL DEPTH: <u>160'</u>	HOLE DEPTH: <u>160'</u>	
CASING DIAMETER (IN.): <u>4</u>	CASING LENGTH (FT.): <u>140</u>	TYPE OF CASING: <u>PVC</u>
DEPTH TO STATIC WATER LEVEL: <u>85'</u>	DATE WELL COMPLETED: <u>5-4-16</u>	
WHY IS THE WELL BEING ABANDONED? <u>Finished drilling USA 35-3</u>		

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PLACING MATERIAL, ETC.)

Screen and well casing were left in hole. Filled screen with sand. Ran trimmie pipe to top of sand in screen and pumped 8 sacks of cement with 8% gel to surface. Cut casing off below grade and backfilled.

I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.

Gary Rayborn
Rayborn Drilling Inc.

PRINT NAME

0-60
 MS LICENSE NUMBER
5-25-16
 DATE

[Signature]
 SIGNATURE