Engald	STATE WELL REPORT	For Office Use Only:	
ounty: Franklin	Part 1 Driller's Log	Well #: <u>KICO</u>	
ermit #:	Mississippi Department of Environmental Quality	Aquifer:	
riller: Gary Rayborn	Office of Land and Water Resources P.O. Box 2309	E-Log #:	
ate drilling completed: <u>4/14/13</u>	Jackson, MS 39225-2309	E-LOg #:	
· · · · · · · · · · · · · · · · · · ·	4 (601)961-5210 (601)360-0535 (fax)		
State I an requires that this report	be prepared by the license holder responsible for the	he work and filed with the	
	within 30 days of completion of drilling of the well of		
Well Owner Informat (Landowner if borehole is not for		hole Location	
		_ Longitude: <u>40-34-70</u>	
Method of Lat/Long (check one		.30 44): Conventional Survey,	
Aailing Address:	USGS quad, Hand-held G	· · ·	
P.O. Box 905		· · · ·	
Notchez MS	39120 SW 4 SW 4, Sec_		
City State	Zip Code 3,5 Miles 2/5E or		
elephone No. (60) 446 - 1	0259 (Distance) (Direction)	(Nearest Town)	
. 1 1	Weli / Borehole Data		
ate drilling started: 6/14/13 Date	drilling completed: 6/14/13 Hole depth: 200	D Hole diameter:	
	vater used for drilling:		
-	ne used in drilling and development:		
	un) Electric Gamma Ray Density Sonic Neutro	n Other:	
lame of organization running log(s):	1		
urpose of borehole (circle one): Water	· · ·	Ground Source Heat Pump	
Seism	ic Survey Other (describe)		
If drilling is not rel	ated to water well construction, skip the remainder	of this block	
urpose of Well (circle all applicable):	Home Industrial Public Supply Irrigation I	Fish Culture	
Other (describe): Rig Sur	PLY		
	ation: Valve Other (<i>describe</i>)		
		1. 6/14/13	
	t [above or below] land surface Date measured (circle one)		
Nethod of measurement (circle one): S	Steel tape Electric tape Air line Other (describe)		
Vell depth: 200 Well grouted to a	depth of: 50 feet Type of grout (circle one):	Neat Cement / Bentonite Mix	
	asing diameter:inches Type of c	DIC	
	Screen diameter: <u>4</u> inches Type of	screen: PVC	
	Setting depth: From <u>80</u> feet to	200	
		REC	
ype of completion (circle all applicabl	e): Gravel packed Underreamed Open hole	Natural Development	
ype of completion (circle all applicabl			
ype of completion (circle all applicabl			

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

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Signature of Licensee	Date	me of Responsible Licensee and License No.	eN Juiny
	21/9%/9	AVBORN DRILLING, INC. OO-60	
		(CUD) 33035 DUD (ALCO	مدام ام در ه
leted in accordance with all applicable Mississippi Department of Health regulations,	, constructed, and comp mental Quality and the	Y CERTIFY that the well/borehole was drilled, nents of the Mississippi Department of Environ	uo unho i
		Uer Name:	
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	VI.	48 hmft	
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d the well	in locating the property an	any permanent structures on the property that may aid property that may aid	5 (2
	11	ine well location	1(1
		he property layout and include the following:	
•		than one screen, show location of each on sketch	arom îl
		NED	
		SECEN N	
	·····	RECEIVED WWW 282003 BY: OLWP	
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		N. OLT	
		Br.	
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002 SZI SZI 08	29VQ		
<u>02</u> <u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>	PVES		
Lious Encountered From (depth) To (depth)	Description of Forms	д јәләт рі	Groun
snoimuger vd betamexe vlinoficer see		ll telescopes, show depths on sketch.	ow]]
eritoris encountered must be provided for all wells	110] Jo noildinosad	sligh delow only required for water wells	<u>səy I</u>
		[
Well #: KICC			Pen
For Office Use Only:		WIX: FLOURIN	noc

Date

Signature of Licensee Form: OLWR-SWR-1A (4/13)

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Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):		STATE WELL RE	PORT	
Permit #: Pump Installer's Completion Report Mississippi Department of Environmental Quality Weit #: Date completed: [a/[4][13] Gave information from block on Part I Office of Land and Water Resources P. O. Box 2309 (601) 360-6353 (fax) This part of the report must be completed by a licensed water well contractor or a licensed pulmer installer. A copy of Part I of the report must be campleted by a licensed water well contractor or a licensed pulmer installer. A copy of Part I of the report must be campleted by a licensed water well contractor or a licensed pulmer installer. A copy of Part I of the report must be campleted by a licensed water well contractor or a licensed pulmer installer. A copy of Part I of the report must be campleted by a licensed water well contractor or a licensed pulmer installer. A copy of Part I of the report must be campleted by a licensed water well contractor or a licensed pulmer installer. A copy of Part I of the report must be campleted by a licensed water well contractor or a licensed pulmer installer. A copy of Part I of the report must be campleted by a licensed water well contractor or a licensed pulmer installer. A copy of Part I of the report must be campleted by a licensed water well contractor or a licensed pulmer installer. A copy of Part I of the report must be campleted by a licensed water well contractor or a licensed pulmer installer. A copy of Part I of the report must be campleted by a licensed water well contractor or a licensed pulmer installer. A copy of Part I of the report must be complete a state table installer. A copy of Part I of the report must be conclusion in the part installer. A copy of Part I of the report must be contracted pulmer installer. A copy of Part I of thereport must be c	County: Franklin	Part 2		For Office Use Only:
Dritter: Gary Rayborn Date completed: Massissippi Department of Environmental Quality P.0. Box 2309 (Correct Data of Mater Resources P.0. Box 2309 (Correct Data of Mater Resources) Part 1 Address: P.0. Box 905 Nather Rame: A corry of Part 1 A corry of Part 1 Part 1 Address P.0. Box 905 Nather Rame: Well Owner Information Owner Name: Energy Diffield with the Department at the above address within 3 days of well completion. Well Correction Part 1 Address P.0. Box 905 Nather Rate Owner State P.0. Box 905 Nather Rate Pump Type (Circle one) Sumersible Instituted: Diffield Correction Pump Type (Circle one) Nather All Lift, Ceptrifugal Flowing Well Is This Pump (circle one): New Repaired Replacement Power Type (Circle one) Mater Resource (Mearest Town) Pump Type (Circle one) Setting Depth: I Correction (Mearest Town) Date Well Tested: Diff 113 (Diff 123 Correction of Stages: I Correction (Mearest Town) Date Well Tested: Diff 113 (Diff 123 Duration of Pump Test (minimum 4 hours): I hours (Diff 203) Static Water Level (A): Seet tape Chectr Capp Air line (Diff Circle one): Seet tape Chectr Circle one): I hours (Diff Circle one): I hours (Diff		Pump Installer's Compl	etion Report	•
Date completes:				/ell #: <u>K100</u>
Addition of the report must be completed by a fice with the Department at the above address within 39 doys of well completion. Well Owner Information Owner Name: Energy Drilling Trice Well Womer Information Owner Name: Energy Drilling Trice Mell Contractor or a file division of the report must be attacked and both parts filed with the Department at the above address within 39 doys of well completion. Well Owner Information Owner Name: Energy Drilling Trice Mell Octation Well Owner Information Owner Name: Energy Drilling Trice Mell Address: T. O. Box 905 Nethod of Lat/Long Rices on the State Zip Code Latitude: 31° 28′ 40′ Latitude: 31° 28′ 40′ Latitude: 31° 28′ 40′ Latitude: 31° 28′ 40′ Logation State Zip Code Latitude: 31° 28′ 40′ Logation State Zip Code Latitude: 31° 28′ 40′ Logation Latitude: 31° 28′ 40′ Logation Latitude: 31° 28′ 40′ Latitude: 31° 28′ 40′		P.O. Box 2309		
(601) 360-0335 (fax) 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 falled with the Department at the above address within 30 days of well completion. Well Owner Information Well Content information Well Location Owner Name: Energy Drilling Trie Lattude 31°28' (60'' Longitude: 90° 34' 19'' Nating Address: P.O. Box 905 Lattude 31°28' (60'' Longitude: 90° 34' 19'' Nating Address: Mell Downer Information USGs quad			2309	quiter:
of the report must be attached and both parts filed with the Department at the above address within 3 days of well completion. Well Owner Information Owner Name: Energy P. O. Box 905 Mailing Address:			ax)	
Well Owner Information Well Owner Name: Well Ocation Owner Name: Energy Drilling Trice Mailing Address: Nethod of Lat/Long Effect one): Congutude: 90° 34' Lor Nethod of Lat/Long Effect one): Ownervertional Survey-Grade GPS Nethod of Lat/Long Effect one): State 39 [21] Nethod of Lat/Long Effect one): Well Address: USGS quad., Hand-held GPS., Survey-grade GPS. Nethod of Lat/Long Effect one): State 21 [0 Code State 21 [0 Code N. Sec.] B. T. GN. R. GE. Submersible Turbine Air Lift Centrifugal Flowing Well Pump Type (circle one): New Repaired Replacement Ower Type (circle one) Bate Pump Installed: Method Surface Pump Type (circle one) Etectric Dised Gasoline Natural Gas Tractor PTO Power Rating of Motor: SHP Setting Depth: Id 1 Static Water Level (A): The Eet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Pump Type of Meter: Meter Installation Meter Installation Meter Installation Meter Manufacturer: Meter Installation Meter Installat	This part of the report must be complete	ed by a licensed water well contract	or or a licensed pump	nstaller. A copy of Part 1
Owner Name: Energy Drilling Inc Latitude 31°28′60″ Longitude: 90° 34′10″ Mailing Address:				
Mailing Address:				
P. O. Box 905 Notchez MS State Zip Code Zip Code Y, sec_B J. J. Matchez MS State Zip Code J. J. Matchez Matchez State Zip Code J. J. Matchez Matchez State Matchez State Site State Matchez Deset Gasoline Natural Gas Traco PTO Pump Test Dat	J	1 1	150	38 49
Noticity State 3912 City State Zip Code Zip Code Zip Code Telephone No. (ω 01) 446 - 52 S9 Pump Type (circle one) Submersible Turbine Submersible Turbine Air Lift Ceptrifugal Flowing Well Jet Piston Rated Pump Capacity: ω 0 Gallons Per Minute Gallons Per Minute Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Power Type (circle one) Electric Diesel Gasoline Nator: 5HP Setting Depth: 141 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): — hours Horse Power Rating of Motor: 5HP Setting Depth: 141 feet Number of Stages: 13 Date Well Tested: (ω 114/13 Duration of Pump Test (minimum 4 hours): — hours hours Static Water Level (A): The Eet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute Meter Installation Meter Serial Numb				
City State Zip Code Zip Code <thzip code<="" th=""> Zip Code <thzip cod<="" td=""><td></td><td></td><td></td><td></td></thzip></thzip>				
Telephone No. (601) 446-52.59 Stature? Stature? of MC(AII Creent (Nearest Town) Pump Type (circle one) Wiles Circle one) (Nearest Town) Submersible Turbine Air Lift. Ceptrifugal Flowing Well Jet Piston Rotary Other (describe):	Notchez MS	7in Codo		
Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Pump Capacity: DO Gallons Per Minute Is This Pump (circle one): New Repaired Replacement Power Type (circle one) 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 HP Setting Depth: 14 1 feet Number of Stages: 13 Date Well Tested: 0 114 113 Duration of Pump Test (minimum 4 hours): hours hours Static Water Level (A): The Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute Method of measurement (circle one): Static Teap Air line Other (describe): Pump Test Data for Flowing Well Meter devel (Autin head:		2 CO 312 N	iles <u>FISE</u> of <u>N</u>	Ac(all Creek
Submersible Turbine Air Lift Ceptrifugal Flowing Well Jet Piston Rotary Other (describe):	Telephone No. (001) 440-5	(Distance)	(Direction)	(Nearest Town)
Date Pump Installed: 6 14 13 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):	<u></u>	Pump Type (circle on	e)	
Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	Submersible Turbine Air Lift, Centrif	ugal Flowing Well Jet Piston	Rotary Other (descri	be):
Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: <u>5HP</u> Setting Depth: <u>141</u> feet Number of Stages: <u>13</u> Date Well Tested: <u>6</u> [14] <u>13</u> Duration of Pump Test (minimum 4 hours):	Date Pump Installed:6 [14]13	Rated Pump C	apacity: <u>60</u>	Gallons Per Minute
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Pump Test Data for Non Flowing Well Date Well Tested: 0 0 14 13 Duration of Pump Test (minimum 4 hours):	Electric Diesel Gasoline Natural Gas	Tractor PTO Windmill Other	(describe):	
Pump Test Data for Non Flowing Well Date Well Tested: 0 0 14 13 Duration of Pump Test (minimum 4 hours):				Stages: 13
Date Well Tested: $0 14413$ Duration of Pump Test (minimum 4 hours): hours Static Water Level (A): 75 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 0 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 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. $OO-60$ 62612613				
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Meter Manufacturer:	Well yieldedGPM with a	drawdown of feet	afterhou	urs of pumping
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RAYBORN DRILLING, INC. 00-60 62613	Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier F Installation Date: Is This Meter (circle one): New Re Important: By submitting the above in For agricultu	Meter Type actor (AF x .001, gal x 1000, etc): Meter installed by: paired Replacement <i>oformation you are certifying that t</i> <i>tral wells, a list of approved meters</i>	of Meter: his meter was installed is on the MDEQ websi	REC: بالان BY: ا to manufacturer standards. ite.
				HECI JUN 2 BY: 1 to manufacturer standards. te.
	I HEREBY CERTIFY that the above state	ments are true to the best of my	knowledge.	HEC) بالانز BY: 1 to manufacturer standards. te.
	I HEREBY CERTIFY that the above state RAYBORN DRILLING, INC.	ments are true to the best of my $00-60$ 626	knowledge.	e of Pomp Installer
FUTII: ULWK-SWK-1D (4/	I HEREBY CERTIFY that the above state	ments are true to the best of my $00-60$ 626	knowledge.	