

County: Breene
 Permit #: _____
 Driller: Rayburn Drig # 060
 Date drilling completed: 3/7/06

State Well Report
Part 1 - Driller's Log

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 #: J-22
 L. S. Elevation: _____
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>SG RESOURCES LLC</u> Mailing Address: <u>7500 San Felipe</u> <u>Suite 600</u> <u>Houston Tx 77063</u> City State Zip Code Telephone No. <u>(713) 914 8188</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31.13.04</u> Longitude: <u>93.45.05</u> Method of Lat/Long (circle one): <u>02</u> Conventional Survey, <u>05</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 14 Twn 3N Rng 8W</u> Distance Direction of Nearest Town <u>4</u> Miles <u>N</u> of <u>Deely</u></p>
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Well / Borehole Data

Date drilling started: 3/6/06 Date drilling completed: 3/7/06 Hole depth: 495 Hole diameter: 7 7/8

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): _____
 (Attach copy of log to this report)

Purpose of borehole (check 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 (check one): Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply

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

Static Water Level: 132.82 feet above below (circle one) (land surface) Date measured: 3/31/06

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

Well depth: 490 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite (Mix)

Casing length: 470 feet Casing diameter: 4 inches Type of casing: Pvc

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

Screen slot size: .010 inches Setting depth: From 470 feet to 490 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 next page.*

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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)

County: Greene
 Permit #: _____
 Driller: Rayburn Drlg #060
 Date completed: 3-31-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J-22
 Elevation: _____

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>SG Resources LLC</u>	Latitude: <u>3113.041</u> Longitude: <u>8845.090</u>
Mailing Address: <u>1500 San Felipe</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Suite 600</u>	USGS quad _____, <u>Hand-held GPS</u> <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Houston Tx 77063</u>	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>14</u> T <u>3N</u> R <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>713, 914 8189</u>	<u>4</u> Miles <u>11</u> of <u>Nealy</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5hp</u>
Date Pump Installed: <u>3/31/06</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>75</u> Gallons Per Minute	Number of Stages: <u>-4-</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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>75</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Gary Rayburn [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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