

County: Greene
 Permit #: GW16237
 Driller: Griner Drilling Service
 Date drilling completed: 5/2/2006

Well Driller Report and Well 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-28
 L.S. Elevation: _____
 E-Log #: _____

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>SG Resources Mississippi, LLC</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>7500 San Felipe</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Suite 600</u>	<u>1/4</u> _____ <u>1/4</u> Sec <u>14</u> Twn <u>3n</u> Rng <u>8w</u>
<u>Houston, TX 77063</u>	Distance _____ Direction _____ Nearest Town _____
City _____ State _____ Zip Code _____	<u>4</u> Miles <u>north</u> of <u>Neely</u>
Telephone No. <u>713-914-8188</u>	

Well Data

Purpose of Well (circle one) Home (Industrial) Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 3/7/2006 Date well drilling completed: 5-2-06

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

Static Water Level: 132.34 feet above or (below) (circle one) land surface Date measured: 5-2-06

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

Hole depth: 710 Well depth: 700 Well grouted to a depth of 589 feet

Type of grout (circle one) Cement Bentonite (Mix)

Casing length: 589 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 100 feet Screen diameter: 10 x8 inches Type of screen: Rod Base

Screen slot size: 0.02 inches Setting depth: From 600 feet to 700 feet

Type of completion (circle all applicable): (Gravel packed) (Underreamed) Telescoped Open hole Natural development
 Other (describe): #4

Top of lap pipe or reduction in casing: 500 feet. If telescoped or more than one screen, describe on back of page

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

Name of organization running log(s): Griner Drilling Service, Inc.

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.

Griner Drilling Service, Inc. 0-581
 Print Name of Water Well Contractor and License No.

Chad H. R.
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths

Ground Level

0-28

Description of Formations Encountered From To

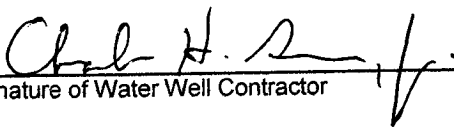
Description of Formations Encountered	From	To
sand	0	53
clay	53	428
sand	428	492
clay	492	566
sand	566	732

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.

#4 on Ranch Road

Landowner Name: SG Resources Mississippi


Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County:	<u>Greene</u>
Permit #:	_____
Driller:	<u>Griner Drilling Service</u>
Date Completed:	<u>7/20/2006</u>

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 #:	<u>J-28</u>
Elevation:	_____

This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.

Well Owner Information	Well Location
Owner Name <u>SG Resources Mississippi, LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7500 San Felipe</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Suite 600</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
<u>Houston, TX 77063</u>	<u>1/4 1/4 Sec 14 Twn 3n Rng 8w</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>713-914-8188</u>	<u>4 Miles north of Neely</u>

Pump Type Circle one	Power Type Circle one
Air Lift <u>Jet</u> <u>Submersible</u>	Diesel Engine <u>Gasoline Engine</u> <u>Natural Gas</u>
Bucket <u>Piton</u> <u>(Turbine)</u>	(Electric Motor) <u>Hand</u> <u>Tractor PTO</u>
Centrifugal <u>Rotary</u> <u>Flowing Well</u>	Windmill <u>Other (specify): _____</u>
Other (specify): <u>#4</u>	Horse Power Rating of Motor: <u>350</u>
Date Pump Installed: <u>7/20/2006</u>	Setting Depth: <u>340</u> feet
Rated Pump Capacity: <u>1500</u> Gallons per minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>5/2/2006</u>	Air Line <u>(Electric Measuring Line)</u> <u>Steel Tape</u>
Static Water Level (A): <u>132.34</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>188.15</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)) : <u>55.81</u> Feet Below Land Surface	Well yielded <u>1697</u> GPM with a drawdown of
Test Pumping Rate: <u>1697</u> Gallons Per Minute	<u>55.81</u> feet after <u>8</u> hours of pumping
Duration of Pump test (minimum 4 hours) : <u>8</u> hours	

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

Griner Drilling Service, Inc. 0-581
Print Name of Pump Installer and License No. (if applicable)

Charles H. [Signature]
Signature of Pump Installer

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