

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)

County: Greene
Permit #: _____
Driller: Rayborne Drig #060
Date drilling completed: 3/05/06

For Office Use Only:
Aquifer: _____
Well #: K-412
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>SOUTHERN PINE ENERGY</u> <u>SG Resources LLC</u>	Latitude: <u>31.13.51</u> Longitude: <u>88.42.21</u>
Mailing Address: <u>7500 San Felipe</u> <u>Suite 600</u> <u>Houston TX 77063</u>	Method of Lat/Long (circle one): Conventional Survey, <u>31</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4 NW 1/4 Sec 16 Twn 3N Rng 7W</u>
Telephone No. <u>(713) 914 8188</u>	Distance: <u>9</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Leakesville</u>

Well / Borehole Data

Date drilling started: 3/4/06 Date drilling completed: 3/5/06 Hole depth: 170 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: No Log run

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: R.g Supply

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

Static Water Level: 47.11 feet above or below (circle one) land surface Date measured: 3/31/06

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

Well depth: 170' Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 150 feet to 170 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)

For Office Use Only:

Aquifer: _____
 Well #: K-412
 Elevation: _____

County: Greene
 Permit #: _____
 Driller: Griner Drlg
 Date completed: 3/31/06

Copy information from block on Part 1

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

Owner Name: SG RESOURCES LLC
 Mailing Address: 7500 San Felipe
Suite 600
Houston Tx 77063
City State Zip Code
 Telephone No. 713 914 8188

Well Location

Latitude: 31.13.516 Longitude: 88.42.211
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS , Survey-grade GPS _____
 _____ 1/4 NW 1/4 Sec 16 T 3N R 7W
 Distance Direction Nearest Town
9 Miles NW of Leakeville

Pump Type

Circle one

Air Lift Jet **Submersible**
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____

Date Pump Installed: 3/31/06
 Rated Pump Capacity: 75 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: 130' feet
 Number of Stages: 4

Pump Test Data

Date Well Tested: NA
 Static Water Level (A): _____ Feet Below Land Surface
 Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface
 Test Pumping Rate: _____ 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 75 GPM with a drawdown of NA feet after _____ hours of pumping

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

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

[Signature]
 Signature of Pump Installer

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