

State Well Report

Part 1

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 #: C-86

L. S. Elevation: _____

E-log #: _____

County: Windsor
 Permit #: _____
 Driller: E.M. BUD CRESSWELL
 Date drilling completed: 10-12-06

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>RICHARD McRAE</u>	Latitude: <u>90° 15' 05"</u> Longitude: <u>92° 22' 10"</u>
Mailing Address: _____ <u>3021 GREENS CROSSING RD.</u> <u>JACKSON, MS 39213</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
Telephone No. <u>(601) 613-1269</u>	SW <u>1/4</u> NE <u>1/4</u> Sec <u>24</u> Twn <u>17-N</u> Rng <u>1-W</u> 13
	Distance <u>3</u> Miles Direction <u>S-E</u> of Nearest Town <u>Pocahontas</u>

Well Data

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

Date well drilling started: 10-2-06 Date well drilling completed: 10-12-06

If flowing, method of flow regulation. Valve Other (describe) X

Static Water Level: 227 feet above or below (circle one) land surface Date measured: 10-13-06

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

Hole depth: 600 Well depth: 580 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 530 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.16 inches Setting depth: From 530 feet to 580 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: X 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): _____

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.

ERNEST M. CRESSWELL 0-150

Ernest M. Cresswell

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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 OCT 26 2006
 BY: OLWR

Chapter 11 Reorganization Plan

1. The Debtor, [Name], a corporation organized under the laws of the State of [State], has filed for protection under Chapter 11 of the United States Bankruptcy Code.

2. The Debtor has filed this Reorganization Plan with the Court on [Date].

3. The Plan provides for the following:

- (a) Confirmation of the Plan.
- (b) Payment of claims in full.
- (c) Distribution of assets to creditors.

4. The Plan is subject to the approval of the Court and the creditors.

5. The Debtor represents and warrants that the Plan is in its best interests and that it is feasible.

6. The Debtor has obtained the consent of all affected parties.

Statement of the Debtor's Assets and Liabilities

7. The Debtor has listed its assets and liabilities as follows:

Asset	Value	Liability	Value
Real Estate	\$1,000,000	Bank Debt	\$500,000
Inventory	\$500,000	Trade Payables	\$200,000
Accounts Receivable	\$300,000	Other Liabilities	\$100,000
Equipment	\$200,000		
Other Assets	\$100,000		
Total Assets	\$2,100,000	Total Liabilities	\$800,000

8. The Debtor has provided a detailed description of each asset and liability.

9. The Debtor has provided supporting documentation for each asset and liability.

10. The Debtor has provided a detailed description of its business operations.

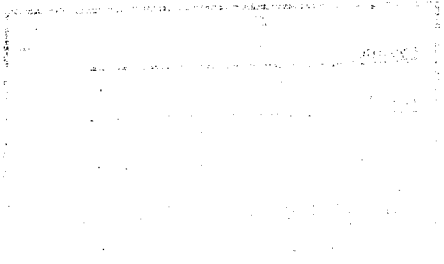
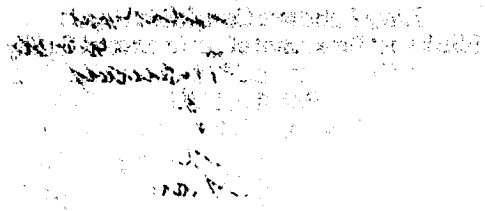
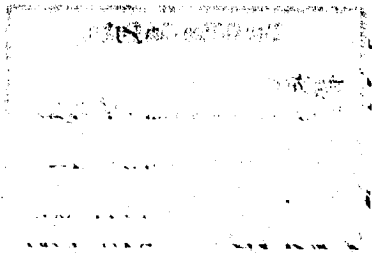
Debtor's Signature: [Name]

Debtor's Title: [Title]

Date: [Date]

UNITED STATES

POST



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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: Windsor
 Permit #: _____
 Driller: EM. "Bud" CRESSWELL
 Date completed: 10-13-06

For Office Use Only:

Aquifer: _____
 Well #: C-86
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>RICHARD McRAE</u>	Latitude: <u>90-15 05</u> Longitude: <u>32-27-10</u>
Mailing Address: <u>3021 GREENS CROSSING RD</u> <u>JACKSON, MS 39213</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4 1/4 Sec 24 Twp 07-N Rng 1-W</u>
Telephone No. <u>(601) 613-1269</u>	Distance Direction Nearest Town <u>3 Miles S-E of Pocahontas</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u> feet
Date Pump Installed: <u>10-13-06</u>	Setting Depth: <u>315</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>26</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-13-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>227</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Draw-down [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ 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.

ERNEST M. CRESSWELL 0-150 Ernest M. Cresswell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR