

Davis Gatlin #2

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: M28
Aquifer: _____
E-Log #: _____

County: Jasper
Permit #: _____
Driller: John W Thompson
Date drilling completed: 10-17-13

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Elard Energy</u>	Latitude: <u>31°59'16.7"</u> Longitude: <u>88°59'16.8"</u>
Mailing Address: <u>13455 NOEL RD</u>	Method of Lat/Long (check one): Conventional Survey _____, ¹⁷
<u>Suite 2500</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Dallas TX 75240</u>	<u>NW 1/4 NE 1/4, Sec 29 T 21 R 13E</u>
City State Zip Code	<u>3</u> Miles <u>SE</u> of <u>Paulding</u>
Telephone No. <u>214 368-6100</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>10-14-13</u>	Date drilling completed: <u>10-17-13</u> Hole depth: <u>560</u> Hole diameter: <u>7</u>
Location of the source of any surface water used for drilling: <u>local Creek</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>added 8 gallons bleach</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) <u>rig supply</u>	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): <u>rig supply</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>257</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>10-17-13</u>	
Method of measurement (circle one): Steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>540</u> Well grouted to a depth of: <u>20</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>480</u> feet	Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>60</u> feet	Screen diameter: <u>4</u> inches Type of screen: <u>PVC Slotted</u>
Screen slot size: <u>.008</u> inches	Setting depth: From <u>480</u> feet to <u>540</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development <input type="checkbox"/>	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	

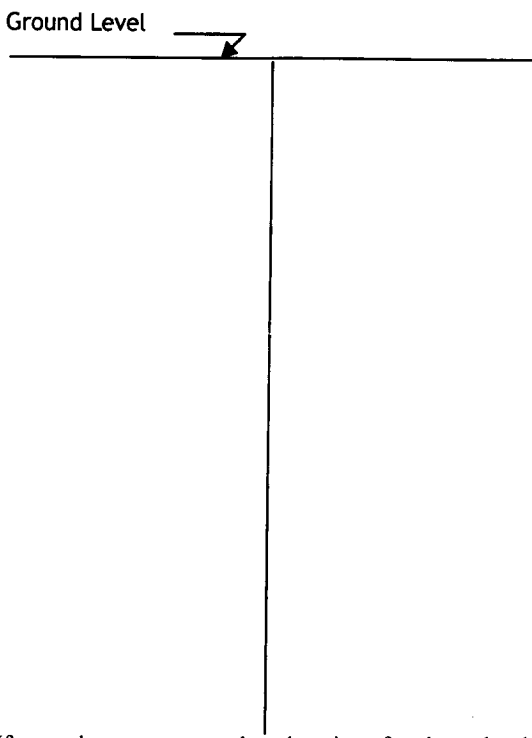
If telescoped or more than one screen, describe on next page

RECEIVED
BY: OLWR

County: Jasper
 Permit #: _____

For Office Use Only:
 Well #: M28

The sketch below only required for water wells
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
blue clay	Ground level	260
clay (shale)	260	340
clay & sand strips	340	440
sand & clay	440	540
Clay	540	560

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) north arrow

See 29-2N-13E
SEE ATTACHED PLAT

RECEIVED
 BY: OWWR

Landowner Name: Eland Energy

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

John W. Humpal 0-679 10-25-13 John W. Humpal
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: MDE
Aquifer: _____

County: Jasper
Permit #: _____
Driller: John W Thompson
Date completed: 10-17-13
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	Well Location
Owner Name: <u>Eland Energy</u>	Latitude: <u>31°59'16.7"</u> Longitude: <u>88°59'16.8"</u>
Mailing Address: <u>13455 NOEL RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>SUITE 2000</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>DALLAS TX 75240</u>	_____ 1/4 _____ 1/4, Sec <u>29</u> T <u>2N</u> R <u>BE</u>
City State Zip Code	<u>3</u> Miles <u>SE</u> of <u>Paulding</u>
Telephone No. <u>(214) 3686100</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 10-17-13 Rated Pump Capacity: 35 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: 7.5 Setting Depth: 320 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 10-17-13 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 257 Feet Below Land Surface Pumping Water Level (B): 270 Feet Below Land Surface
Drawdown [(B) - (A)]: 13 Feet Below Land Surface Test Pumping Rate: 25 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

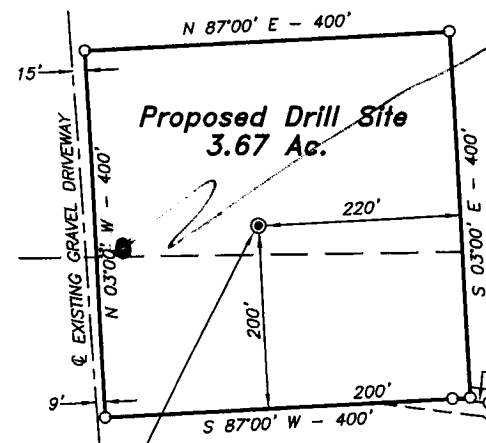
Meter Installation

Meter Manufacturer: _____ Meter Serial Number: 4502411
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: BY [Signature]
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.

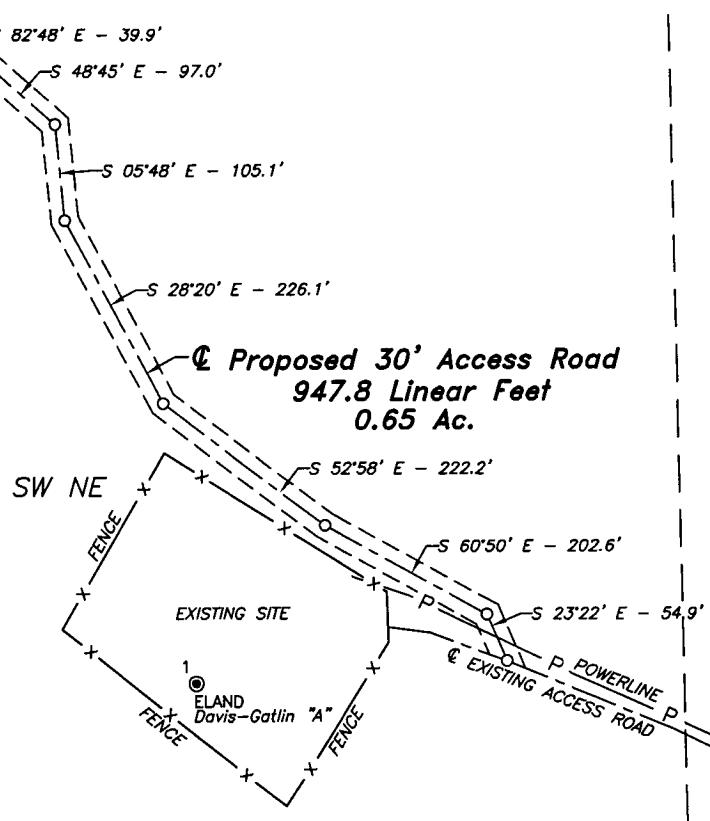
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable) _____ Date _____ Signature of Pump Installer _____



Proposed
Water Well
550' TD
1330' FNL
2450' FEL

Location
 Davis-Gatlin No. 2
 1310'FNL-2310'FEL



M 28°
 NE NE
 SE NE

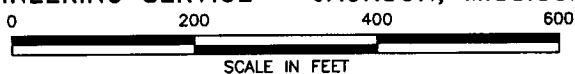
PROPOSED DRILL SITE & ACCESS ROAD
 FOR

ELAND ENERGY, INC.
 SECTION 29, T2N - R13E
 JASPER COUNTY, MISSISSIPPI

BY
 ENGINEERING SERVICE - JACKSON, MISSISSIPPI



RECEIVED
 BY OWNER



SCALE IN FEET
 AUGUST 20, 2013
 REVISED: SEPTEMBER 6, 2013