

WSW #2

County: JASPER  
 Permit #: MS-GW 16578  
 Driller: Griner Drilling Service  
 Date drilling completed: 7/30/09

## 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 #: N10061  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

Wilcox Group

elew  
438'

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.

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Information on Well Owner</b><br>(Landowner if borehole is not for a water well)<br>Owner Name: <u>LEAF RIVER ENERGY</u><br>Mailing Address: <u>924 CR-7</u><br><u>Stringer Ms 39481</u><br>City State Zip Code<br>Telephone No. ( ) _____ | <b>Well or Borehole Location</b><br>Latitude: <u>31.53.47</u> Longitude: <u>89.19.12</u><br>Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS<br><u>SW 1/4 NW 1/4 Sec 30 Twn 1N Rng 10E</u><br>Distance <u>3.5</u> Miles Direction <u>NW</u> of Nearest Town <u>Stringer</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Well / Borehole Data**

Date drilling started: JUN 09 Date drilling completed: JUL 09 Hole depth: 4610 Hole diameter: 24"

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: GAS

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well X 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 X Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: GAS STORAGE

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

Static Water Level: 145 feet above or below (circle one) land surface Date measured: 8/22/09

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

Well depth: 3900 Well grouted to a depth of 2120 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 2120 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 441 feet Screen diameter: 10 inches Type of screen: Stainless

Screen slot size: 0.016 inches Setting depth: From 2,125 feet to 3,860 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): Pre-packed screen

Top of lap pipe or reduction in casing: 1643 feet. If telescoped or more than one screen, describe on next page

Split  
Screen

( 189' of 26" surface casing)


Form: OLWR-SWR-1A

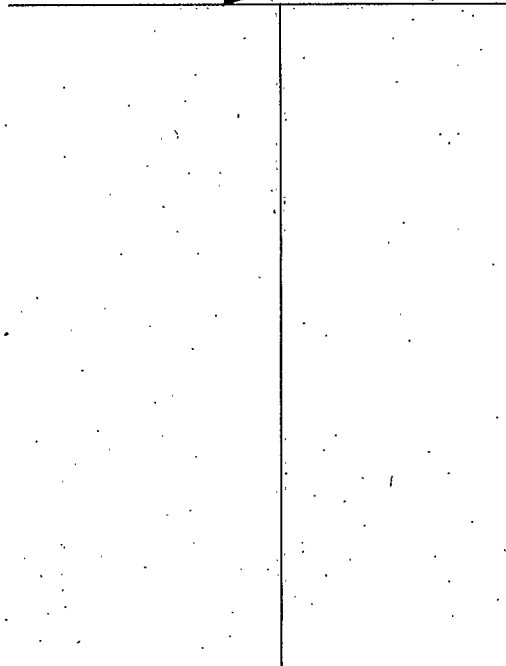
N0061

WSW #2

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 



If more than one screen, show location of each 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) |
|---------------------------------------|--------------|------------|
|                                       | Ground Level |            |
| Geological logs provided              |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |

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) a north arrow.

See attached location maps

Landowner Name: \_\_\_\_\_

Form: OLWR-SWR-1A

I 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.

Trinen Drilling Service 9-28-09 Charles H. H...  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

#184

# State Well Report

County: Jasper  
SMITH  
 Permit #: MS-GW-16578  
 Driller: GRINER DRILLING  
 Date Completed: 10/23/09  
 Copy information from block on Part 1

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) 354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N61  
 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>LEAF RIVER ENERGY CENTER</u> | Latitude:                                     | <u>31-53-47 N 89-19-12 W</u> |
| Mailing Address:       | <u>53 RIVERSIDE AVENUE</u>      | Longitude:                                    | <u>W 89-19-885</u>           |
|                        |                                 | Method of Lat/Long (check one):               | Conventional Survey _____    |
|                        |                                 | USGS quad <input checked="" type="checkbox"/> | Hand-Held GPS _____          |
|                        |                                 | Survey-grade GPS _____                        |                              |
| <u>WESTPORT</u>        | <u>CT</u>                       | <u>06880</u>                                  |                              |
| City                   | State                           | Zip Code                                      |                              |
| Telephone No.          | <u>( 203 ) 557.0577</u>         |                                               |                              |

|                      |                |                    |
|----------------------|----------------|--------------------|
| #3                   | Pump Type      | Power Type         |
|                      | Circle One     | Circle One         |
| Air Lift             | Jet            | Submersible        |
| Bucket               | Piston         | Turbine            |
| Centrifugal          | Rotary         | Flowing Well       |
| Other (specify):     | --             |                    |
| Date Pump Installed: | <u>7/30/09</u> |                    |
| Rated Pump Capacity  | <u>800</u>     | Gallons Per Minute |

|                              |                  |             |
|------------------------------|------------------|-------------|
| Diesel Engine                | Gasoline Engine  | Natural Gas |
| Electric Motor               | Hand             | Tractor PTO |
| Windmill                     | Other (specify): | --          |
| Horse Power Rating of Motor: | <u>300</u>       |             |
| Setting Depth:               | <u>1000</u>      | feet        |
| Number of Stages:            | <u>19</u>        |             |

|                                          |                                   |
|------------------------------------------|-----------------------------------|
| Pump Test Data                           | Method of Measuring Water Level   |
| Date Well Tested:                        | <u>8/1/09</u>                     |
| Static Water Level (A):                  | <u>68</u> Feet Below Land Surface |
| Pumping Water Level (B):                 | <u>?</u> Feet Below Land Surface  |
| Drawdown [(B) - (A)]:                    | <u>?</u> Feet Below Land Surface  |
| Test Pumping Rate:                       | <u>?</u> Gallons Per Minute       |
| Duration of Pump Test (minimum 4 hours): | <u>?</u> hours                    |

|                  |                                                                                                                                                                                           |            |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Air Line         | Electric Measuring Line                                                                                                                                                                   | Steel Tape |
| Other (specify): | _____<br><b>WELL WAS PUMPED INTO TANK.</b><br>For flowing well, measured shut in head: _____ feet<br>Well yielded <u>?</u> GPM with a drawdown of _____ feet after _____ hours of pumping |            |

This is for (circle one) New Well Replacement of Existing Pump Repair of Existing Pump

I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK 692  
 Print Name of Pump Installer and License No. (if applicable)

Dave Cook RECEIVED  
 Signature of Pump Installer

MAR 24 2011  
 BY: OLWR

## Leaf River Energy Center

**To Cavern Well #1:** From Laurel, Take hwy 15 North towards Bay Springs. Turn left on hwy CR12 for approx. 1 ¾ Mile. Left on CR102 for ¼ mile, Right on CR7 for 1.6 mile, Right @ Tee onto CR5 for 6/10 mile. Location on left in Pasture.

**To SWD & RW Wells:** From Laurel, Take hwy 15 north towards Bay Springs. Turn left on hwy CR12 & go approx. 2 miles to lease rd on right. Follow to wells.

**Note:** Hwy CR12 is Between Stringer & Bay Springs

10061



Copyright © and (P) 1988-2005 Microsoft Corporation and/or its suppliers. All rights reserved. <http://www.microsoft.com/streetview/>  
 Portions © 1989-2005 Intel/Silicon Shield Software Corporation. All rights reserved. Certain mapping and direction data © 2005 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities.  
 \*including © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2005 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc.