

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**

Office of Land and Water Resources

P. O. Box 10631  
Jackson, MS 39289-0631  
**WATER WELL DRILLERS LOG**

COUNTY WELL LOCATED <b>Jeff Davis</b>	
WELL NUMBER <b>A57</b>	CODED
DATE WELL COMPLETED <b>9-21-99</b>	

PERMIT NUMBER <b>0-60</b>
NAME OF DRILLING FIRM <b>Rayborn Drilling</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>Patterson, Drilling</b>	
<b>200 Gateway Shopping Center</b> Suite 400	
<b>Kilgore, TX 75662</b>	
WELL LOCATION: SEC <b>100' N + 300' S of SW cor. 25</b>	TOWNSHIP RANGE <b>9 N 19 E</b>
DISTANCE <b>10</b> Miles	DIRECTION <b>N</b>
NEAREST TOWN <b>Prentiss</b>	
OTHER LANDMARK <b>Gwinville Gas Unit 26-13 #1</b>	
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <b>Oilfield</b>	

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P _____		
Pump Capacity (GPM)	No. of Stages	Setting Depth _____ FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth <b>220</b>	Casing Diameter (In.) <b>4</b>	Casing Length (Ft.) <b>200</b>
Type of Casing <b>PVC</b>	Hole Depth <b>220</b>	Depth to Static Water Level <b>120</b>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <b>10</b> FEET Type Grout (circle one): Cement, Bentonite, or Mix		

LOG DATA	
TYPE OF LOG RUN (Circle One): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____	
Name of Organization Running Log _____	

SCREEN DATA		
Diameter - Inches <b>4</b>	Length - Feet <b>20</b>	Slot Size - Inches <b>.020</b>
Screen Type <b>PVC</b>	Depth to Bottom - Feet <b>220</b>	

GEOLOGIC DATA (Office Use Only)			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test
Driller's Remarks _____			
Top of Lap Pipe or Reduction in Casing _____ FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
<b>Topsoil</b>	<b>0</b>	<b>2</b>	<b>RECEIVED</b> <b>SEP 29 1999</b> <b>Dept. of Environmental Quality</b> <b>Office of Land &amp; Water Resources</b>		
<b>Red Sand</b>	<b>2</b>	<b>30</b>			
<b>Chalk</b>	<b>30</b>	<b>65</b>			
<b>Sand + Gravel</b>	<b>65</b>	<b>220</b>			

IF MORE SPACE IS NEEDED, USE BACK