

DAMPER 28-1-272H

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 #: A-114
L. S. Elevation: _____
E-log #: _____

County: Jeff Davis
Permit #: _____
Driller: GARY Rayborn
Date drilling completed: 8/27/08

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>Penn-Va Oil & Gas</u> | Latitude: <u>31° 43' 41"</u> Longitude: <u>89° 54' 30"</u> |
| Mailing Address: <u>2550 E. Stone Dr</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Suite 110</u> | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>Kingsport TN 37760</u> | <u>SE 1/4 SE 1/4 Sec 21 Twn 9N Rng 19W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. (<u>601</u>) <u>444-4339</u> | <u>6</u> Miles <u>N/NW</u> of <u>Prentiss</u> |

Well Data

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

Date well drilling started: 8/27/08 Date well drilling completed: 8/27/08

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

Static Water Level: 90' feet above or below (circle one) land surface Date measured: 8/27/08

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

Hole depth: 140' Well depth: 140' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement _____ Bentonite _____ Mix _____

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .020 inches Setting depth: From 120 feet to 140 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 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.

RAYBORN DRILLING, INC.

0-60



Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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SEP 22 2008

BY: OLWR

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: Jeff-Davis
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 8/27/08

For Office Use Only:

Aquifer: _____
 Well #: A-114
 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>Penn-Va Oil & Gas</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>2550 E. Stone Dr.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Suite 110</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Kingston TN 37760</u> | <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>21</u> Twn <u>9N</u> Rng <u>19W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 444-4339</u> | <u>6</u> Miles <u>N/NW</u> of <u>Prentiss</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5 HP</u> |
| Date Pump Installed: <u>8/27/08</u> | Setting Depth: <u>126</u> feet |
| Rated Pump Capacity: <u>60</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>8/27/08</u> | Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>90</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded <u>60</u> GPM with a drawdown of |
| Test Pumping Rate: <u>60</u> Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

Gary Rayborn 0-60
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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