

1st of 2 on Log
WALKER 22-13
-293UH

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:	<u>A126</u>
Well #:	_____
L. S. Elevation:	_____
E-log #:	_____

County:	<u>Jeff Davis</u>
Permit #:	_____
Driller:	<u>Gary Rayborn</u>
Date drilling completed:	<u>9-11-10</u>

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 Corp</u>	Latitude:	<u>31.43.56</u> " Longitude: <u>89.53.34</u> "
Mailing Address:	<u>840 Gessner Suite 800</u>	Method of Lat/Long (circle one):	<u>Conventional Survey,</u>
	<u>DEPT AP-300</u>		<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
	<u>Houston TX 77024</u>		<u>SE 1/4 NE 1/4 Sec 22 Twn 9N Rng 19W</u>
	City State Zip Code	Distance	Direction Nearest Town
Telephone No.:	<u>423.723-0281</u>	<u>10</u> Miles	<u>N/NW</u> of <u>Prentiss</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture	<u>Other: Rig Supply</u>
Date well drilling started:	<u>9-10-10</u> Date well drilling completed: <u>9-11-10</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>100</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>9-11-10</u>
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>160'</u> Well depth: <u>160'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>140</u> feet Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches	Type of screen: <u>PVC</u>
Screen slot size: <u>020</u> inches Setting depth: From <u>140</u> feet to <u>160</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log-run</u> 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

Signature of Water Well Contractor

[Signature] RECEIVED

Print Name of Water Well Contractor and License No.

OCT 05 2010

BY: OLMF

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)

1002 wells

For Office Use Only:

Aquifer: _____

Well #: _____

Elevation: _____

County: Jeff Davis

Permit #: _____

Driller: Gary Rayborn

Date completed: 9-11-10

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

Owner Name: Penn-Va Oil & Gas Corp

Mailing Address: 840 Gessner Suite 800

DEPT AP-300

HOUSTON TX 77024

City State Zip Code

Telephone No. (423) 723-0281

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 22 Twn 9N Rng 19W

Distance Direction Nearest Town

10 Miles N/W of Prentiss

Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 9-12-10

Rated Pump Capacity: 60 Gallons Per Minute

Power Type Circle one

Diesel Engine

Gasoline Engine

Natural Gas

Electric Motor

Hand

Tractor PTO

Windmill

Other (specify): _____

Horse Power Rating of Motor: 5HP

Setting Depth: 147 feet

Number of Stages: 11

Pump Test Data

Date Well Tested: 9-12-10

Static Water Level (A): 100 Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: 70 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level Circle one

Air Line

Electric Measuring Line

Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 70 GPM with a drawdown of

_____ feet after _____ hours of pumping

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 of Pump Installer

OCT 05 2010

BY: OJW/F