

County: Jefferson Davis

Permit #: GW 16364

Driller: Griner Drilling Service

Date drilling completed: 10/19/2007

**Well Driller Report and Well Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601) 961-5210  
 (601) 354-8938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_

Well #: B43

L.S. Elevation: \_\_\_\_\_

E-Log #: \_\_\_\_\_

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>Energy South / Mississippi Hub Well #1</u>	Latitude: <u>31 48°07.87' N</u> Longitude: <u>89 45'42.20" W</u> <u>31 46 10</u> <u>89°45'42"</u>
Mailing Address: <u>1002 East St. Mary Blvd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>Geoside Earth</u>
<u>Lafayette</u> LA <u>70503</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>12</u> Twn <u>9N</u> Rng <u>18W</u>
Telephone No. <u>(337) 234-2326</u>	Distance <u>7</u> Miles Direction <u>South</u> of Nearest Town <u>Magee</u>

**Well Data**

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

Date well drilling started: 8/6/2007 Date well drilling completed: 10/19/2007

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

Static Water Level: 283 feet above or below (circle one) land surface Date measured: 5/19/2008

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

Hole depth: 1990' Well depth: 1990' Well grouted to a depth of 1770' feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 1770 feet Casing diameter 16 inches Type of casing: Black Steel

Screen length: 200 feet Screen diameter 10"x8" inches Type of screen: 304 Stainless Steel (munipack)

Screen slot size: 0.020- inches Setting depth: From 1780 feet to 1980' feet

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

Other (describe): Munipack

Top of lap pipe or reduction in casing: 1570 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): Griner Drilling Service Inc.

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.

Griner Drilling Service Inc. 0-184  
 Print Name of Water Well Contractor and License No. \_\_\_\_\_

Signature of Water Well Contractor \_\_\_\_\_

If well telescopes please sketch below and show depths

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 RV-OWME

BA3

Ground Level

**SEE  
ATTACHED  
DRAWING**

Description of Formations Encountered	From	To
Gravel	0	420
Sand	420	460
Clay	460	518
Gravel	518	570
Sand	570	620
Clay-Gravel	620	670
Clay	670	720
Gravel	720	900
Clay	900	1780
Sand	1780	1960
Clay	1960	2060

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) indicate direction.

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

\_\_\_\_\_  
Signature of Water Well Contract

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FEB 04 2009  
BY: OLWF

**STATE WELL REPORT**

**Part 2**

**Pump Installer's Completion Report**

County: <u>Jefferson Davis</u>
Permit # : _____
Driller: <u>Griner Drilling Service</u>
Date Completed: <u>10-19-2007</u>

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 #: <u>B43</u>	
Elevation: _____	

This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.

Well Owner Information	Well Location
Owner Name <u>Energy South / Mississippi Hub Well #1</u>	Latitude: <u>31 46°07'57" N</u> Longitude: <u>89 45'42" 20" W</u> <i>10 42</i>
Mailing Address: <u>1002 East St. Mary Blvd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>Google Earth</u>
<u>Lafayette</u> LA 70503	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 12 Twn 9N Rng 18W</u>
Telephone No. <u>337 234-2326</u>	Distance Direction Nearest Town <u>7 Miles South of Magee</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piton <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>250</u> feet
Date Pump Installed: <u>5/19/2008</u>	Setting Depth: <u>550'</u> feet
Rated Pump Capacity: <u>1000</u> <i>Increase per Bill Oakley</i> Gallons per minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: _____	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>293</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>1000</u> GPM with a drawdown of _____
Test Pumping Rate: _____ 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.

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_

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210 Booker Road  
Brandon, MS 39042

Phone: 601-939-4385  
Fax: 601-939-0385  
E-mail:  
williamoakley@bellsouth.net

B-43

Fax Transmittal Form

To: LISA MAY MCKENZIE From:

Name: MS DEP - OWR  
Organization Name/Dept:  
CC:  
Phone number:  
Fax number: 601

Bill Oakley

Phone: 601-939-4385  
Fax: 601-939-0385  
E-mail: williamoakley@bellsouth.net

Urgent  
For Review  
Please Comment  
Please Reply

360053E

Date sent: 2/10/09  
Time sent:

Number of pages including cover page: - 1 -

Message:

MS PUB LC Bond Dome GAS STORAGE

JEFF DAVIS Co.

Well # 1 Sec. 12 TANRIEN  
314610' ELEV. 4341  
894542 GW 163604

Well # 2  
314608 ELEV. 451.  
894525 GW 163602

Simpson Co.

Well # 3 (on Dome)  
314659 ELEV. 507.  
894534 GW 16365

Well # 4  
314823 ELEV. 507.  
894506 GW 16363

Well # 5  
314844 ELEV. 464.  
894505 GW 16361