

County: Jefferson Davis

Permit #: CW16362

Driller: Griner Drilling Service Inc.

Date drilling completed: 1/8/2008

**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) 354-6938 (fax)

**For Office Use Only:**

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

Well #: B44

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 #2</u>	Latitude: <u>31 46'03.40" N</u> Longitude: <u>89 45'32.74 W</u>
Mailing Address: <u>1002 East St. Mary Blvd</u>	Method of Lat/Long: <u>30 46' 08" 89 45' 35"</u> (USGS quad, Hand-held GPS, Survey-grade GPS, Google Earth)
<u>Lafayette</u> LA 70503	<u>NE 1/4 NE 1/4 Sec 12 Twp 9 N Rng 18 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(337) 234-2326</u>	<u>7 Miles South of Magee</u>

**Well Data**

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

Date well drilling started: 10/24/2007 Date well drilling completed: 1/8/2008

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

Static Water Level: 309' 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: 2060' Well depth: 2060' Well grouted to a depth of 1845' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1845 feet Casing diameter: 16 inches Type of casing: Black Steel

Screen length: 180 feet Screen diameter: 10" x 8" inches Type of screen: 304 SS

Screen slot size: 0.020- inches Setting depth: From 1870 feet to 20 50 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: 1653 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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 DW...

Ground Level

**SEE  
ATTACHED  
DRAWING**

Description of Formations Encountered	From	To
Gravel	0	390
Sand-Clay-Gravel	390	500
Gravel	500	600
Sand	600	680
Clay	680	700
Gravel	700	740
Clay	740	840
Gravel	840	900
Sand	900	970
Clay	970	1420
Sand	1420	1470
Clay	1470	1855
Sand	1855	2000
Clay	2000	2010

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 Contractor

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## STATE WELL REPORT

### Part 2

#### Pump Installer's Completion Report

County: <u>Jefferson Davis</u>
Permit #: _____
Driller: <u>Griner Drilling Service Inc.</u>
Date Completed: <u>1/8/2008</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>B44</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 #2</u>	Latitude: <u>31 46°03'40" N</u> Longitude: <u>89 45'32.74" W</u> <span style="margin-left: 100px;"><u>08"</u></span> <span style="margin-left: 100px;"><u>25"</u></span>
Mailing Address: <u>1002 East St. Mary Blvd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey, Google Earth</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lafayette</u> <u>LA</u> <u>70503</u>	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>12</u> Twn <u>9N</u> Rng <u>18W</u>
City State Zip Code	Distance Direction Nearest Town <u>7 Miles South of Magee</u>
Telephone No. <u>337-234-2326</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 checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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>
Date Pump Installed: <u>19-May-08</u>	Setting Depth: <u>550</u> feet
Rated Pump Capacity: <u>1400 Increase per Bill Oakley</u> <u>1000</u> Gallons per minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>24-Jan-08</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>309</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>414</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>52</u> Feet Below Land Surface	Well yielded <u>1200</u> GPM with a drawdown of
Test Pumping Rate: <u>1200</u> Gallons Per Minute	<u>52</u> feet after <u>24</u> hours of pumping
Duration of Pump test (minimum 4 hours): <u>2 4</u> 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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FEB 04 2009

BY: OLWE



210 Booker Road  
Brandon, MS 39042

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

B-44

Fax Transmittal Form

To LISA MAY MCKENZIE From

Name: MS DED - OLWR  
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 HUB, LLC BOND DOME GAS STORAGE

JEFF DAVIS Co.

Well #1 Sec. 12 TANRIGW  
314610' Elev. 341  
894542

Well #2  
314608' Elev. 451.  
894525

Simpson Co.

Well #3 (on Dome)  
314659' Elev. 341  
894534

Well #4  
314823' Elev. 507.  
894506

Well #5  
314844' Elev. 464.  
894505