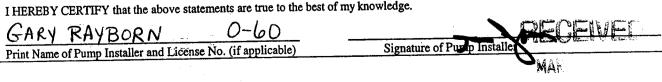
State Well Report Part # Onlier CARL Ray born Mississippi Department of Environmental Quality Jackson, MS20 Other of Land and Misser Resources P.O. Born 1051 Date dilling completed: Ziffel Dia State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 day of completion of drilling of the well Well Oversition Well Oversition Well Oversition Well Oversition Well Oversition Well Oversition State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 day of completion of drilling of the well Well Oversition Well Oversition Well Oversition Well Oversition State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 day of completion of drilling of the well State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 day of completion of drilling drilling well Well Oversition Well Oversition Well Mepret <	. Ist of 2 well	s on Cameron 31-1-412H
Conty	מ	For Once Use Only:
Date drilling completed: 2116/10 Date drilling completed: 2116/10 Date drilling completed: 2116/10 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 Jocation 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 Jocation Well Owner Information Well Jocation Latimde: 31 + 05 + 14'' - Longitude: 34 + 98 + 98 + 98 + 98 + 98 + 98 + 98 + 9	County: <u>Larrar</u> Mississippi Departmen	t of Environmental Quality Aquifer: Aquifer:
Date drilling completed: 21 (£) (10) (601)961:5210 (601)961:5210 State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 drays of completion of driver will. Well Owner Information Well Owner Information Well Action State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 drays of completion of driver Well Contact Well Owner Information Well Action State 2550 E. Stone Drive Latitude: 1		
State Law requires that this report be prepared by the driller in detail and filed with the Department within Well Owner Information Well Owner Information Well Owner Information Well Owner Information Well Control 1 & G.A.S. Auting Address: 2550 E. Stone Drive Soite 110 Soite 110 Kircysport TN 307160 State Zp Code Nethod of LawLong (circle one): Conventional Survey. Survey-grade CIPS Survey-grade CIPS Survey-grade CIPS Survey-grade CIPS Survey-grade CIPS Survey-grade CIPS Well Data Butte Zp Code Nate: Zp Code Well Data Well Cicrice one) Home Industrial Public Supply Irrigation Fish Culture O		
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Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture other: Rig Supply Date well drilling started: <u>21810</u> Date well drilling completed: <u>21810</u> If flowing, method of flow regulation: ValveOther (describe) Static Water Level: <u>55</u> feet above or below (circle one) land surface Date measured: <u>21810</u> Method of Measurement (circle one) steel tape electric tape air line other: Hole depth: <u>100</u> Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Cement</u> Bentonite Mix Casing length: <u>80</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>1020</u> inches Setting depth: From <u>80</u> feet to <u>100</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): <u>Feet. If telescoped or more than one screen, describe on back of page</u> Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other: <u>Name of organization running log(s)</u> Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. <u>RANBORN DRILLINC</u> , <u>INC</u> 0-60 Print Name of Water Well Contractor and License No.		
Project of with (effectively) in the term Date well drilling completed: 2 10 Date well drilling started: 2 18 10 If flowing, method of flow regulation: Valve Other (describe)		C. Dia Sunaly
If flowing, method of flow regulation: ValveOther (describe)		
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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:		
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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 Health regulations and state laws. Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. RANBORN DRILLING, INC 0-60 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor and License No.	Top of lap pipe or reduction in casing:feet. If	f telescoped or more than one screen, describe on back of page
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. RANBORN DRILLING, INC 0-60 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor and License No.	Logs run (circle all applicable) No log run Electric Gamma R	ay Density Sonic Neutron Other:
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Print Name of Water Well Contractor and License No.		
MAL CONTRACTOR OF A CONTRACTOR OF		Signature of Wate Very States () -
BY: OWF		
BARONA		- 1997 - 11 - 12 - 54 詳留 ¹⁹⁹
		BY: OLWF

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Ist of 2 wells on SameLocation						
STATE WELL REPORT						
Permit #: Driller: <u>GARY RAYborn</u> Date completed: <u>21810</u>	Part 2 Pump Installer's Completion Report Mississispi 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>J328</u> Well #: Elevation:			
This report should be prepared by the pu installation of pump.	imp installer in detail					
Well Owner Information Owner Name: PENN-VA OIL Mailing Address: 2550 E. STON			Location Longitude:			
Mailing Address: <u>ZJJO E. STON</u> <u>SUITE 110</u> <u>KINGSPORT TN</u> City State Telephone No. (<u>601)</u> 731-4333	Zip Code	USGS quad, Hand <u>14</u> USGS quad, Hand <u>14</u> <u>14</u> <u>14</u> Sec <u>3</u> Distance Direction	I-held GPS, Survey-grade GPS <u>I Twn QN Rng 16W</u> Nearest Town of <u>Baxteroille</u>			
Pump Type Circle one Air Lift Jet (S	ubmersible)` C	wer Type ircle one ne Engine Natural Gas			
Bucket	urbine Towing Well		(specify):			
Other (specify): Date Pump Installed:2 19 10 Rated Pump Capacity:G	allons Per Minute	Setting Depth:8.	0			
Pumping Water Level (B):Feet Be Drawdown [(B) – (A)]:Feet Be	elow Land Surface low Land Surface elow Land Surface allons Per Minute hours	Air Line Electric Me Other (specify): For flowing well, measured s Well yielded	easuring Water Level Circle one asuring Line Steel Tape Shut in head:feet GPM with a drawdown of hours of pumping			
I HEREBY CERTIFY that the above statement	nts are true to the best	of my knowledge.				



BY: OLME

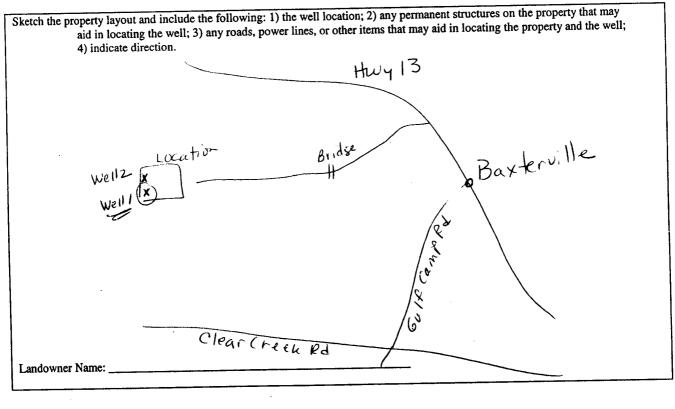
If well telescopes please sketch below and show depths.



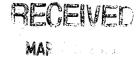
Description of Formations Encountered	From	To
 CHALK	0	40
CHALK SAND+ GRAVEL	40	100
		<u> </u>

2338

If more than one screen, show location of each on sketch



Signature of Water Well Contractor



BY: OWR