Veyer hauser 29-6-38	87 H			
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 #:				
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 Penn-Va Oil & Gas	Latitude: 31 • 01 • 06 " Longitude: 89 • 37 • 56"			
Mailing Address: Suite 110	Method of Lat/Long (circle one): Conventional Survey,			
2550 E, Stone Dr	USGS quad, Hand-held GPS, Survey-grade GPS			
Kingsport TN 37760	SE 14 NW 14 Sec 29 Twn IN Rng 16W			
City State Zip Code Telephone No. (601) 731 - 4333	Distance Direction Nearest Town Miles S of Baxter !!!			
Well Data				
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other: Rig Supply			
Date well drilling started: $1-20-2009$ Date well drilling completed: $1-21-2009$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 145feet above or below (circle one) land surface Date measured: 1-21-2009				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 270 Well depth: 270 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 230 feet Casing diameter: 4" inches Type of casing: PVC				
Screen length: 40 feet Screen diameter: 4" inches Type of screen: PVC				
Screen slot size:inches	230 feet to 270 feet			
Type of completion (circle all applicable): Gravel packed Unde	rreamed Telescoped Open hole Natural Development			

Other (describe):

Logs run (circle all applicable): No log run | Electric Gamma Ray Density Sonic Neutron Other:

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi

Top of lap pipe or reduction in casing:

Name of organization running log(s):

RAYBORN DRILLING, INC.

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

feet. If telescoped or more than one screen, describe on back of page

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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

For Office Use Only:		
Aquifer:		
Well #: M-242		
Elevation:	1	

Date completed: 1-21-09		(601)961-5210 (601)354-6938 (fax)			
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 Informati	ion		Well Location		
Owner Name: Penn - Va Oil & Gas		Latitude:Longitude:			
Mailing Address: Suite 110		Method of Lat/Long (circle one): Conventional Survey,			
2550 E. Stone Dr		USGS quad, Hand-held GPS, Survey-grade GPS			
Kingsport TN 37760		1/41/4 Sec 29 Twn IN Rng 16 W			
City State	Zip Code	Distance D	Direction Nearest To	wn	
Telephone No. (60) $731-43$	33	Miles	5 of Baxte	rville	
Pump Type			Power Type		
Circle one			Circle one	4 7 4 4	
Air Lift Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas	
Bucket Piston	Turbine	Electric Motor	Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill			
Other (specify):		Horse Power Rating	g of Motor: 5 H	2	
Date Pump Installed: 1-21-6		1	210		
4			4.4		
Rated Pump Capacity:	_Gallons Per Minute	Number of Stages:		-	
Pump Test Data		Met	thod of Measuring Water	Level	
Date Well Tested:			Circle one		
Static Water Level (A): 145 Feet		Air Line E	lectric Measuring Line	Steel Tape	
		Other (specify):			
Pumping Water Level (B):Feet					
Drawdown [(B) – (A)]:Feet	Below Land Surface	For flowing well, r	neasured shut in head:	feet	
Test Pumping Rate:	_Gallons Per Minute	Well yielded	GPM with a	drawdown of	
Duration of Pump Test (minimum 4 hours)	:hours		feet afterl	nours of pumping	
		of mu knowledge			

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

AVDORN Print Name of Pump Installer and License No. (if applicable)

amar

County:



FEB 0 5 2009

BY: OLWR

Ground Level

Description of Formations Encountered	From	To
Red SANDY CLAY	0	40
WHITE CHALK	40	230
	270	200
MEDIUM SAND	230	2'10
		-
	_	
		-
		-
		+
		-
		-
		1

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.	Baxerville	
17 This Well	mile 3 miles	1st of 2 water on wells on this ton location

2-8

Signature of Water Well Contractor

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