		i 1 7e l	1 1 of 2		
	State W	ell Report we	yernaiset =1 1111		
County: Lamar	Pa	art 1	For Office Use Only:		
• —	Mississippi Department	of Environmental Quality	Aquifer:		
Permit #:		nd Water Resources ox 10631	Well #: M-246		
Driller: GARY RAY BORN		S 39289-0631	L. S. Elevation:		
Date drilling completed: 3-10-09		961-5210 I-6938 (fax)	E-log #:		
	, ,				
State Law requires that this rep	ort be prepared by the	driller in detail and filed	with the Department within		
30 days of completion of drilling Well Owner Inform	g of the well.	W	ell Location		
Owner Name Penn-Va Oil		Latitude: 31 • C1 • 5	3 " Longitude: 51 • 36 • 27"		
Mailing Address: 2550 E. S		Method of Lat/Long (circle	one): Conventional Survey,		
Soite 110			eld GPS, Survey-grade GPS		
Kingsport T	N 37760		I Twn IN Rng 16W		
City St	ate Zip Code	Distance Direction	Nearest Town		
Telephone No. (601) 731-43	33	4.2 Miles 5	Nearest Town of Baxtery, le		
	Well	L Data			
Tulposo of from (entere enter)	dustrial Public Supply		Other: Rig Supply		
Date well drilling started: 311010	<u>Q</u> Date	well drilling completed:	3110109		
If flowing method of flow regulation: Valve Other (describe)					
Static Water Level: 105 feet above on below circle one) land surface Date measured: 3 10 09					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: 160' Well d	epth: 160'	_ Well grouted to a depth of	of Offeet		
Type of grout (circle one): Cement	Bentonite Mix		D.10		
Casing length: 140 feet Ca	sing diameter:	inches Type of casing	: PVC		
_	reen diameter: 4	inches Type of screen	PVC		
Screen slot size: 1020 inches		1.110	160feet		
Type of completion (circle all applicable			pen hole Natural Development		
-Nho or combined to					
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:					
Logs run (circle all applicable) No log	run) Electric Gamma Ra	y Density Sonic Neutro	H Oulci.		
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					
I certify that the well was drilled, constructed, and completed in accordance with an apparent of Levironmental Quality and/or the Mississippi Department of Health regulations and state laws.					
RAYBORN DRILLIN			CWI Combactor		
Print Name of Water Well Contractor a	nd License No.	Signatu	re of Water Well Contractor		

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1 of 2 Wells

STATE WELL REPORT

Part 2

County: Lamar

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631

For Office Use Only:	
Aquifer:	
Well#: M-246	-
Elevation:	_

Driller: GARY RAYBORN		ox 10631 S 39289-0631	Well #:	296	
Date completed:	(601)9	961-5210 H-6938 (fax)	Elevation:		
This report should be prepared by the	pump installer in detail	and filed with the Depart	nent within 30 days o	f the	
installation of pump. Well Owner Information		Well Location			
Owner Name: PENN-VA OIL	Latitude:	Longitude:			
Mailing Address: 2550 E. STONE DR		Method of Lat/Long (circle one): Conventional Survey,			
SuiTE 110		USGS quad, Hand-held GPS, Survey-grade GPS			
KINGSPORT TN 37760		14 Sec Z Twn N Rng (6 W			
City State	Zip Code	Distance Direction Nearest Town			
Telephone No. (601) 731-4333		4.2 Miles S of Baxterville			
Pump Type			Power Type		
Circle one			Circle one		
Air Lift Jet	Submersible	Diesel Engine Ga	soline Engine	Natural Gas	
Bucket Piston	Turbine	Electric Motor Ha	and	Tractor PTO	
Centrifugal Rotary	Flowing Well		ther (specify):		
Other (specify):		Horse Power Rating of M	totor: $5HP$		
Date Pump Installed: 3 12 09		Setting Depth:	147'	feet	
Rated Pump Capacity: 60	_Gallons Per Minute	Number of Stages:	8	-	
Pump Test Data		Method o	f Measuring Water L	evel	
Date Well Tested: 31209		Air Line Electric	Measuring Line	Steel Tape	
Static Water Level (A): 105 Feet Below Land Surface					
Pumping Water Level (B):Feet		Other (specify):		***************************************	
	t Below Land Surface	For flowing well, measur	red shut in head:	feet	
Test Pumping Rate: 60	_Gallons Per Minute	Well yielded (o (OPM with a d	rawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet a	fterho	urs of pumping	
I HEREBY CERTIFY that the above state	ments are true to the best	of my knowledge.			
GARY RAYBORN	_ ,	<u></u>	-1		
Print Name of Pump Installer and License	No. (if applicable)	Signature of Pu	mp Installe		

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BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

Well 1 of 2

Description of Formations Encountered	From	To
Red Clay	0	45
White Chalk	45	95
Med Sand	95	160
		-
		<u> </u>

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.

Hay 13 Baxtery: 18

3 miles

Lost John
1,4

well 1,0

in the well location in the property that may aid in locating the property and the well; 4) indicate direction.

Last John
Last John
Landowner Name:

Signature of Water Well Consistor

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APR 0 2 2009

BY: OLWR