

Well 2 of 2
Weyerhaeuser 21-9-414H

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 #: M-247
L. S. Elevation: _____
E-log #: _____

County: Lamar
Permit #: _____
Driller: GARY RAYBORN
Date drilling completed: 3/12/09

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>Penn-Va Oil & Gas</u>		Latitude: <u>31° 01' 53"</u> Longitude: <u>89° 36' 22"</u>	
Mailing Address: <u>2550 E. Stone Drive</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>Suite 110</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Kingsport TN 37760</u>		<u>NE 1/4 SE 1/4 Sec 21 Twn 1N Rng 16W</u>	
City State Zip Code		Distance Direction Nearest Town	
Telephone No. <u>(601) 731-4333</u>		<u>4.1</u> Miles <u>S</u> of <u>Baxterville</u>	
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture <u>Other: Rig Supply</u>			
Date well drilling started: <u>3/11/09</u>		Date well drilling completed: <u>3/12/09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>105</u> feet above or below (circle one) land surface		Date measured: <u>3/12/09</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>220'</u>		Well depth: <u>220'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>200</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>.020</u> inches Setting depth: From <u>200</u> feet to <u>220</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development			
Other (describe): _____			
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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
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 Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
<u>RAYBORN DRILLING, INC</u>		<u>0-60</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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STATE WELL REPORT

Well 2 of 2

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
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: M-247

Elevation: _____

County: Lamar

Permit #: _____

Driller: GARY RAYBORN

Date completed: 3/12/09

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 Information

Owner Name: PENN-VA OIL & GAS
Mailing Address: 2550 E. STONE DR
SUITE 110
KINGSPORT TN 37760
City State Zip Code
Telephone No. (601) 731-4333

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 21 Twn 1N Rng 16W

Distance Direction Nearest Town
4.1 Miles So of Baxterville

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____

Date Pump Installed: 3/12/09
Rated Pump Capacity: 60 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 5 HP
Setting Depth: 189' feet
Number of Stages: 8

Pump Test Data

Date Well Tested: _____
Static Water Level (A): 105 Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface
Test Pumping Rate: 60 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 60 GPM with a drawdown of
_____ feet after _____ hours of pumping

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

GARY RAYBORN 0-60
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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If well telescopes please sketch below and show depths.

Description of Formations Encountered

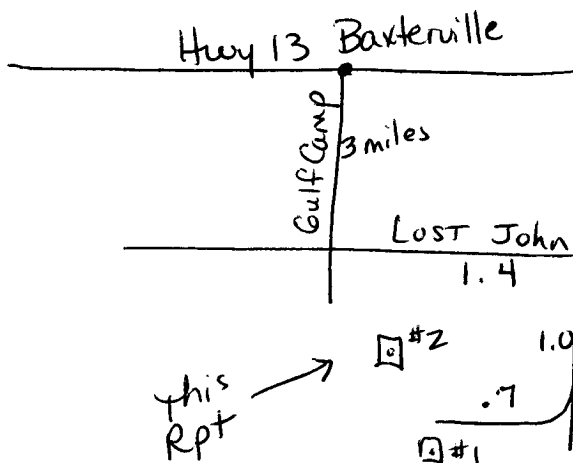
From	To
1	2
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97	98
99	100

[illegible]

Well 2 of 2

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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