

State Well Report

Part 1

County: Lawrence Co.
 Permit #: _____
 Driller: Tom Griffith Water Well
 Date drilling completed: 3-2-05

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-61
 L. S. Elevation: _____
 E-log #: _____

Tom Griffith Water Well and Conductors Drilling Inc

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>Par Minerals Corp.</u>	Latitude: <u>31° 26' 09"</u> Longitude: <u>90° 08' 45"</u>
Mailing Address: <u>509 Market St.</u> <u>Suite 300</u> <u>Shreveport, LA 71101</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(318) 221-6156</u>	NE ¼ NE ¼ Sec <u>1</u> Twn <u>5N</u> Rng <u>10E</u>
	Distance <u>17</u> Miles Direction <u>S</u> of Nearest Town <u>Mouton, LA</u>

Well Data

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

Date well drilling started: 3-2-05 Date well drilling completed: 3-2-05

If flowing, method of flow regulation: Valve NA Other (describe) _____

Static Water Level: 90' feet above or below (circle one) land surface Date measured: 3-2-05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 120' Well depth: 120' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.019-0.020 inches Setting depth: From 120 feet to 80 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: NA 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): NA

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.

Print Name of Water Well Contractor and License No. Tom Griffith, Pres 0-0402 Signature of Water Well Contractor [Signature]

Note: Gravel 80'-120' drank lots of mud. Well Hard to develop. Drill Pipe stuck @ 80', but freed in 45 minutes. Well kept stopping up w/ clay in screen 1st 5 hrs of pumping, then OK.

TJG

RECEIVED
 MAR 14 2005
 BY: OLWR

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

County: Lawrence Co.
Permit #: _____
Driller: Tom Griffith Water well
Date completed: 3-2-05

For Office Use Only:

Aquifer: _____
Well #: M-61
Elevation: _____

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	Well Location
Owner Name: <u>Par Minerals</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>509 Market St.</u> <u>Suite 300</u> <u>Shreveport, LA 71101</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(318) 221-6156</u>	Distance Direction Nearest Town <u>17 Miles S of Monticello, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>3-2-05</u>	Setting Depth: 50 <u>108</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>None</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Tom Griffith, Pres. 0-6402 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

MAR 14 2005

BY: OLWR