County: Lee Part 1 - Drillet''s Log Mississippi Department of Environmental Quality Aquifer: Drillet: waiker.mill invironmental Quality Date drilling completed: 4/4/2008 State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department of Environmental Quality (601)354-6938 (fax) L. S. Elevation: State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department of Environmental Quality (601)354-6938 (fax) L. S. Elevation: State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department of Environmental Quality (601)354-6938 (fax) L. S. Elevation: State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department of Environmental Quality (601)354-6938 (fax) Laithude: 34 ° 15 ' 28 " Longitude: 88 ° 41 ' 48 ' Well of Borehole Location Latitude: 34 ° 15 ' 28 " Longitude: 88 ° 41 ' 48 ' Method of Lat/Long (circle one): Conventional Survey, Tupelo MS 38802 State Zip Code Tupelo MS 38802 N ' Sec 32 ' Twn 95' Rng 6E SE State 3/31/08 Date drilling completed: 4/4/08 Hole depth: _20' Hole diameter: _6.25"		State Well Report	For Office Use Only:
Permit #:	County: Lee	Part 1 – Driller's Log	-
Driller willer will is writement.i. Inc. P.O. Box 10631 Well #			
Drule:::shar::Bit is bit remainder in this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole. L: S. Elevation: State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole. L: S. Elevation: Be aformation on Well Owner (Landowner if borehole is not for a water well) Well or Borehole LawLoading (Since) concentration (Landowner if borehole is not for a water well) Dwner Name	1 cimit #		Well #: H139
Date drilling completed: 4/4/2008 (601)961-5210 State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole. Isformation on Well Owner Isformation on Well Owner (Landowner if borehole is not for a water well) Well or Borehole Location Dwner Name Giant Oil Company Mailing Address: PO Box 1688 Tupelo MS Method of Lat/Long (circle one): Conventional Survey, Method of Lat/Long (circle one): City State City State City State Date drilling started: 3/31/08 Date drilling started: 3/31/08 Date drilling started: 3/31/08 Date drilling is and volume of Chlorine used in drilling and development: N/A Auent or organization numing log(3): N/A Purpose of borehole (check one): Home Industrial Purpose of Well (check one): Home Industrial Muse of organization numing log(3): N/A Other (describe) (3) Monitoring/Recovery wells If drilling is not relaced to water well construction, skip the rema	Driller: Walker-Hill Environmental, Inc.		L S Elevation
(601)354-6938 (fax) E-log # State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borchole. Information of Well Owner Well of Borchole 1 continned to the state well) Dwner Name Giant Oil Company Mailing Address: PO Box 1688	Date drilling completed: 4/4/2008	(601)961-5210	
Department at the above address within 30 days of completion of drilling of the vell or borehole. Well or Borehole Location (Landowner if borehole is not for a water well) Dwner Name Giant Oil Company Mailing Address: PO Box 1698		(601)354-6938 (fax)	E-log #:
Information on Well Owner (Landowner if borehole is not for a water well) Well or Borehole Location Dwner Name Giant Oil Company Latitude: 34 ° 15 ' 28 " Longitude: 88° 41' 48 ' Mailing Address: PO Box 1698			
Dwner Name Giant Oil Company Mailing Address: PO Box 1688			
Dwner Name Giant Oil Company dailing Address: PO Box 1698	(Landowner if borehole is not		
Mailing Address: PO Box 1688	Dwner Name Giant Oil Comp		28_" Longitude: 88° 41 _ 48
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Date drilling started: <u>3/31/08</u> Date drilling completed: <u>4/4/08</u> Hole depth: <u>20'</u> Hole diameter: <u>6.25"</u> .ocation of the source of any surface water used for drilling: <u>N/A</u> dethod of dosing and volume of Chlorine used in drilling and development: <u>N/A</u> .ocgs run (circle all applicable): <u>Volog run</u> Electric Gamma Ray Density Sonic Neutron Other: <u></u>	Felephone No. (662) 842-7525		
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Purpose of Well (check one): HomeIndustrialPublic SupplyIrrigationFish CultureOther: monitor f a flowing well, method of flow regulation: ValveN/AOther (describe) Static Water Level:4feet above on below (circle one) land surface Date measured:4/4/2008 Method of Measurement (circle one) steel tape air line other: Well depth:19 Well grouted to a depth of feet Type of grout (circle one) Neat Cemen Bentonite Mix Casing length:4 feet Casing diameter:4 inches Type of casing: Screen length:15feet Screen diameter:4 inches Type of screen: Screen slot size:	Logs run (circle all applicable): No log r	Electric Gamma Ray Density Sonic Neutron	
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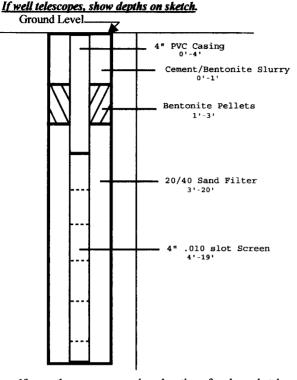
و من ا

MAY 2 3 2008 BY: OLWR



The sketch below only required for water wells

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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

From (depth)	To (depth)
Ground Level	4'
4 '	14'
14'	20'
	Ground Level 4 '

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) a north arrow.

 See Attached Map

 Landowner Name: Giant Oil Co. - (MW-16, RW-15, & RW-17)

 Form: OLWR-SWR-1A

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

 Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

laws 0-578 5-19-08 TARA P, Hi

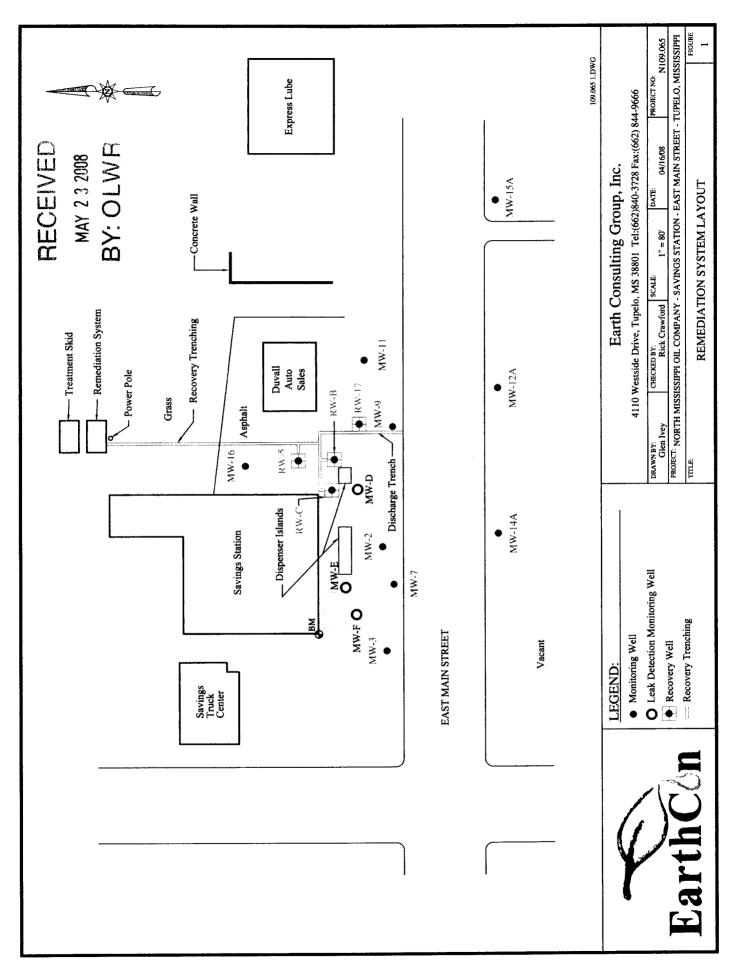
Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

MAY 2 3 2008 BY: OLWR

RECEIVED



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