

County: Madison
 Permit #: _____
 Driller: Tom Griffith
 Date drilling completed: 5/6/07

State Well Report

Part I

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 #: LL-34
 L. S. Elevation: _____
 B-log #: _____

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>Gray Wolfe Drilling Co.</u>	Latitude: <u>32° 31' 38"</u> Longitude: <u>89° 57' 47"</u>
Mailing Address: <u>PO Box 924</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Eunice</u> <u>LA</u> <u>70535</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 23 Twn 8N Rng 3E</u>
Telephone No. <u>337, 457-0500</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>SW</u> of <u>Canton</u>

Well Data

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

Date well drilling started: 3/22/2007 Date well drilling completed: 5/6/07

If flowing, method of flow regulation: Valve 2 1/4 Other (describe) _____

Static Water Level: 40' feet above or below (circle one) land surface Date measured: 3/22/07

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

Hole depth: 150' Well depth: 140' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100' feet Casing diameter: 4 inches Type of casing: Sch 40 PVC

Screen length: 40' feet Screen diameter: 4 inches Type of screen: 20' sch 40 PVC slot .010 MP

Screen slot size: .020 inches Setting depth: From 100 feet to 140 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: No 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: No

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.

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

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 MAY 11 2007
 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)961-3210
(601)354-6938 (fax)

County: Madison
Permit #: _____
Driller: Tom Griffith
Date completed: _____

For Office Use Only:

Aquifer: _____
Well #: U-34
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>Gray Wolfe Drilling Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 924</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Eunice</u> <u>LA</u> <u>70535</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>8N</u> Rng <u>3E</u>
Telephone No. <u>337, 457-0500</u>	Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>Canton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>3/25/07</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
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>5-10</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>5-10</u> 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, P. No. 0402 [Signature]
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

This well did not make enough water to be used by oil company. Try well work load prevented further well development. This sand could possibly be developed & make a good well.

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