HubGasUnit 19-#2

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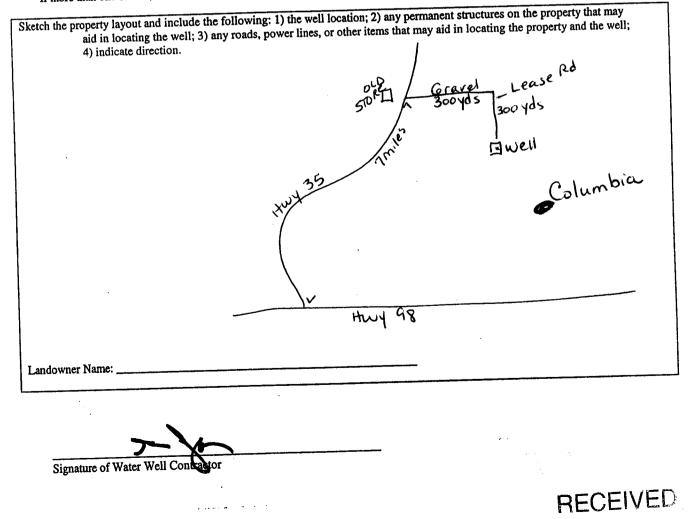
State W	ell Report	For Office Use Only:		
- Marian	Marian Part 1			
Mississippi Departmen	Mississippi Department of Environmental Quality			
Permit #: Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Well #:		Well #: 5 - 105		
	Jackson, MS 39289-0631 L. S. Eleva			
)961-5210 (4-6938 (fax)	E-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		1 Location		
Owner Name DZD Drilling, Inc.		_" Longitude:^ '"		
Mailing Address:	Method of Lat/Long (circle o	ne): Conventional Survey,		
P.O. Box 1634	0× 1634 USGS quad, Hand-he			
Ferriday, LA 71334 City State Zip Code	<u>34</u> <u>14</u> <u>14</u> Sec <u>9</u> Twn <u>2N</u> Rng <u>18W</u>			
City J, State Zip Code Telephone No. (318 757 - 3274	Distance Direction Miles N-NW	of <u>Columbia</u>		
Telephone No. (<u>J) of Toto Cont</u>				
Well Data				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply				
Date well drilling started: <u>6308</u> Date well drilling completed: <u>6308</u>				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: feet above on below (circle one) land surface Date measured: [0]308				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u>80</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>O20</u> inches Setting depth: Fromfeet tofeet				
Type of completion (circle all applicable): Gravel packed 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): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):	in accordance with all annlicat	le requirements of the Mississippi		
Name of organization running log(s):				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
RAYBORN DRILLING, INC. O-6		7-4-		
Print Name of Water Well Contractor and License No.	Signature	e of Water Web Contractor		
		BECEIVED		

JUN 1 2 2008 BY: OLWR If well telescopes please sketch below and show depths.



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Description of Formations Encountered	From	To
CHALK	0	15
COARSE SAND	15	100
		1-
		1-
		1-

If more than one screen, show location of each on sketch



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6-103

STATE WELL REPORT			
County: Marion Permit #:	art 2 For Office Use Only: c Completion Report Aquifer: t of Environmental Quality Aquifer: MW ater Resources Well #: Sox 10631 Well #: 961-5210 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: DJD Drilling, Inc. Mailing Address: <u>P.O. BOX 1634</u> <u>Ferriday LA 71334</u> City State Zip Code Telephone No. (318), 757-3274	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 34 14 14 Sec Distance Direction		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify): Date Pump Installed:6308 Rated Pump Capacity:60Gallons Per Minute	Horse Power Rating of Motor: <u>5 HP</u> Setting Depth: <u>63</u> feet Number of Stages: <u>11</u>		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 6308 Static Water Level (A): T Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 00 Gallons Per Minute	Circle one Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head: feet Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Cary Rayborn - 0-60</u> Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			

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