STATE WELL REPORT Part 1 Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax) For Office Use Only: Well #:
Well Owner Information (Landowner if borehole is not for a water well)Owner Name: $Express 0:1.4 Gas$ Owner Name: $Express 0:1.4 Gas$ Mailing Address:
Well / Borehole Data Date drilling started: 12-4-14 Date drilling completed: 12-4-14 Hole depth:
Purpose of Well (circle all applicable). Hore industrial Public Supply Irrigation Fish Culture Other (describe):
If telescoped or more than one screen, describe on next page BY: OLWR

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Form: OLWR-SWR-1A (4/13)

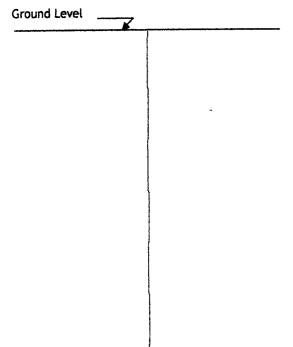
County:	Marion	
Permit #:		

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For Office Use Only: Well #: 9170

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
top50:1	Ground level]
day	1	15
Jan'z	15	25
clay sand	25	60
sand	60	90
and the second		
	1	
the second se		

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

Sketch the property layout and include the following: 1) the well location

 any permanent structures on the property that may aid in locating the well any roads, power lines, or other items that may aid in locating the property and the well north arrow 				
3) Horth allow St Paul Rel.	PECEIVED			
× /	LAN 2 3 2015			
	BY: OLWAR			
Landowner Name: Express Oil & Gas				
HEREBY 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, f applicable, and state laws.				
Tames M. Wells 00005889 1-19-15 Print Name of Responsible Licensee and License No. Date	Signature of Licensee			

STATE W	ELL REPORT				
County: Marian	Part 2	For Office Use Only:			
	er's Completion Report	well #: <u>Q170</u>			
	nent of Environmental Quality nd and Water Resources	Well #: <u> </u>			
	.O. Box 2309	Aquifer:			
	on, MS 39225-2309 601)961-5210	Adauet.			
(601) 360-0535 (fax)				
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.					
Well Owner Information Owner Name: Express Oil + Gas	Well L Latitude: <u>31[•] 04.474</u> Lon	ocation			
Mailing Address:	Method of Lat/Long (check one)				
PO Box 21	USGS quad, Hand-held GI	PS, Survey-grade GPS			
Sandy Hook MS 39478	<u>NW 14 NE 14, Sec</u>				
City State Zip Code		Foxworth			
Telephone No. (601) 325-1966	(Distance) (Direction)	(Nearest Town)			
Pump Ty	oe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (de	scribe):			
Date Pump Installed: 12-4-14	Rated Pump Capacity:	Gallons Per Minute			
Is This Pump (circle one): (New Repaired Replacemen					
Fower Ty Lectric Diesel Gasoline Natural Gas Tractor PTO Win	pe (circle one)				
Horse Power Rating of Motor: Setting Dept					
Pumo Test Data	for Non Flowing Well				
Date Well Tested: 12-4-14	Duration of Pump Test (minim				
Static Water Level (A): Feet Below Land Surface		Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below Land Surf	ace Test Pumping Rate:	Gallons Per Minute			
Method of measurement (circle one): Steel tape) Electric ta					
	ta for Flowing Well				
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet after	hours of pumping			
Meter	Installation				
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name:	Type of Meter:				
fotalizer Register Unit and Multiplier Factor (AF x .001, gal	x 1000, etc):				
Installation Date: Meter installed by: _		JAN 2 3 2015			
Is This Meter (circle one): New Repaired Replaceme		RY OLWR			
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
James M. Wells 00005889 1-19-15 James M. curly					
Print Name of Pump Installer and License No. (If applicable)		cure of Pump Installer			
		Form: OLWR-SWR-1B (4/13)			

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