

96711 431FEL

Plum Creek 14-1-338H

# State Well Report

## Part 1

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 #: R-81  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Marion  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 2/20/09

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>Penn-Va Oil &amp; Gas</u>	Latitude: <u>31° 03' 06" N</u> Longitude: <u>89° 40' 19" W</u>
Mailing Address: <u>2550 E. Stone Dr.</u> <u>Suite 110</u> <u>Kingsport TN 37760</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 14 Twn 1N Rng 17W</u>
Telephone No. <u>(601) 731-4333</u>	Distance Direction Nearest Town <u>6 Miles SW of Baxterville</u>

**Well Data**

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

Date well drilling started: 2-19-2009 Date well drilling completed: 2-20-2009

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 95 feet above of below (circle one) land surface Date measured: 2-20-09

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

Hole depth: 160' Well depth: 160' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .020 inches Setting depth: From 140 feet to 160 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: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

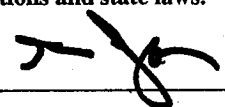
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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.

**RAYBORN DRILLING, INC.**

0-60



Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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A-81

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red Clay Sand	0	80
White Chalk	80	115
Fine Sand	115	130
Coarse Sand	130	160

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) indicate direction.

The sketch shows a property layout with several features:
 

- Clear Creek** flowing across the top.
- Willies Store** marked with a square and '5' below it, located near the creek.
- 1 Rom Bridge** indicated by a horizontal line with two vertical ticks below it.
- South Gulf Camp** written vertically along a path or road.
- 1 mile** written vertically along the same path/road.
- Lost John** written diagonally across the bottom right area.

 On the left side, there are two square symbols representing well locations, labeled **Well #1** and **Well #2**.

Landowner Name: \_\_\_\_\_

Signature of Water Well Contractor

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# 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 Well 10 of 2  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: R-81  
 Elevation: \_\_\_\_\_

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 2/20/09

**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>Penn-Va Oil &amp; Gas</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2550 E. Stone Dr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Suite 110</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Kingsport TN 37760</u>	_____ ¼ _____ ¼ Sec <u>14</u> Twn <u>1N</u> Rng <u>17W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 731-4333</u>	<u>6</u> Miles <u>Sw</u> of <u>Baxterville</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
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>2-20-09</u>	Setting Depth: <u>147'</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-20-09</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape
Static Water Level (A): <u>95'</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>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

GARY Rayborn 0-60  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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 MAR 05 2009  
 BY: OLWR