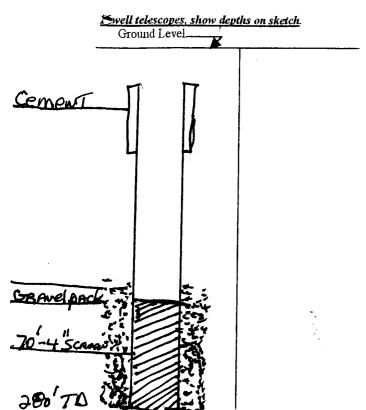
Stat	e Well Report	
	1 – Driller's Log	For Office Use Only:
county.	rtment of Environmental Quality	Aquifer
Permit #: Office of L	and and Water Resources	Well #: K-85
	P.O. Box 10631 con, MS 39289-0631	
-1.1	(601)961 - 5210	L. S. Elevation:
(60)1)354-6938 (fax)	E-log #:
State Law requires that this report be prepared by the Department at the above address within 30 days of		
Information on Well Owner		rehole Location
(Landowner if borehole is not for a water well)	Latitude: 330 50 , 18	" Longitude: 88° 37' 15 "
Owner Name CALOT Oil & GAS		
Mailing Address: 1200 ENclove Tork way	Method of Lat/Long (circle on	e): Conventional Survey, GPS, Survey-grade GPS
Houston TX TTOTI	NW NE 1/ Sec 25	Twn 145 Rng 6E
City State Zip Code		Nearest Town
Telephone No. 281) 589 - 4400	Miles West	of HORNeen
	Borehole Data	
l		11
Date drilling started: 7/3/67 Date drilling completed: 8	6/07 Hole depth: 280	Hole diameter:
Location of the source of any surface water used for drilling:	development:SPIM	
Logs run (circle all applicable): No log run Electric Gamma Name of organization running log(s):	n Ray Density Sonic Neutron (Other:
Purpose of borehole (check one): Water Well	Geological Investigation Ground	Source Heat Pump
Seismic Survey Other (des		·
If drilling is not related to water well constru-		
Purpose of Well (check one): Home Industrial Public S	upply Irrigation Fish Culture _	_ Other: Waten Supply Cas)
If a flowing well, method of flow regulation: Valve	Other (describe)	
Static Water Level: <u><u></u>70</u> feet above or below (circle		
Method of Measurement (circle one) steel tape electric		,)
Well depth: 280 Well grouted to a depth of 10 feet		
Casing length: <u>210</u> feet Casing diameter: <u>4</u>	inches Type of casing:	PUC
Screen length: <u>70</u> feet Screen diameter: <u>4</u>	inches Type of screen:	PUC
Screen slot size:	om feet to ?	O feet
Type of completion (circle all applicable). Gravel packed U	Inderreamed Telescoped Open l	hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:feet.	If telescoped or more than one scree	n, describe on next page
· · · · · · · · · · · · · · · · · · ·	- <u> </u>	Form: OLWR-SWR-1A
		RECEIVED

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AUG 27 2007 BY: OLW R The shell velow villy required for which wens

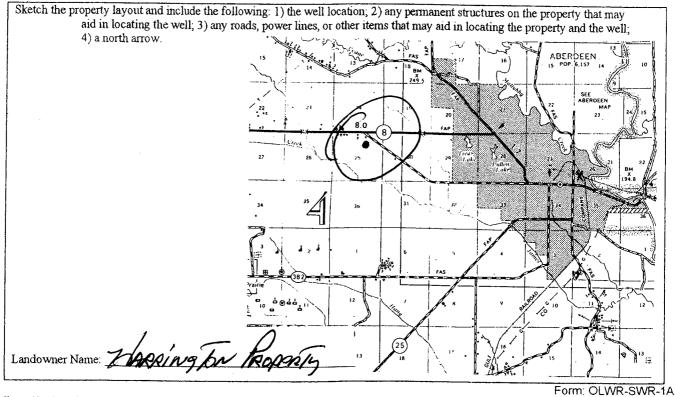


85 wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered From (denth) To (denth

Description of Formations Encountered	From (depth)	lo (depth)
	Ground Level	
Clay	0	56
LIS SAND CIPY SAND	56	116
C/AN / SAND	116	160
	160	196
CIAY SANA CIAY SANA	196	296
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	+	
	+	
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······································	<u> </u>	
	+	
. –		

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



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

. **8/17/02** To. Date 0-414 CEIVED Signature of Licensee Print Name of Responsible Licensee and License No.

AUG 27 2007 BY: OLWR

*****		STATE W	ELL REPORT	
County:	· · · · · ·	Pump Installer Mississippi Departme	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources	
Driller: PARK	1 1	Jackson, (601	Box 10631 MS 39289-0631 1)961-5210	Well #: K - 85 Elevation:
Copy information from block on Part 1 (601).		54-6938 (fax)		
			contractor or a licensed pump i at the above address within 30 d	installer. A copy of Part 1 of the lays of well completion.
	Well Owner Infor	mation		ll Location
Owner Name: CALOT O'L + GAS		Latitude:Longitude:		
Mailing Address:		Method of Lat/Long (check one): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS		
		- <u>.</u>	NE 4 NE 4 Sec 25	5 T 14 R 6E
	City Sta	te Zip Code	Distance Direction	Nearest Town
Telephone No. ()		Miles o	f Alonnen
· · · · · · · · · ·				
	Pump Type Circle one			wer Type ircle one
Air Lift	Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill Other	(specify):
Other (specify):		_ <u></u>	Horse Power Rating of Motor	5
Date Pump Installe	ed: <u>8/7/0</u>	17	Setting Depth:	/O feet
Rated Pump Capac	city: <u>40</u>	Gallons Per Minute	Number of Stages:	6
Pump Test Data		Method of Measuring Water Level		
Date Well Tested:	8/10/07	<u></u>		ircle one
Static Water Level (A):Feet Below Land Surface			suring Line Steel Tape	
Pumping Water Le		eet Below Land Surface	Other (specify):	
Drawdown [(B) – (A)]: Feet Below Land Surface		For flowing well, measured sh	nut in head:feet	
Test Pumping Rate	<u> </u>	Gallons Per Minute	Well yielded	GPM with a drawdown of
Duration of Pump	Test (minimum 4 hou	urs): <u> </u>	feet after	hours of pumping
			·····	
I HEBEBY CERT	IFY that the above st	atements are true to the best of	of my knowledge	P1
	NTARKS	04/4	Kanhun	Jach
Print Name of Pun	np Installer and Licen	se No. (if applicable)	Signature of Pump In	staller REAFIN

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