

W.L. Jones #3

### State Well Report

Part 1

Shamrock Job

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date drilling completed: 9-15-11

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 #: A258  
 L. S. Elevation: \_\_\_\_\_  
 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	Well Location
Owner Name: <u>EOR, LLC</u>	Latitude: <u>31° 17' 39"</u> Longitude: <u>90° 29' 24"</u>
Mailing Address: <u>11490 Emerald Coast Pkwy</u> <u>Suite 300 Box 3</u> <u>Miramar Beach AL 32550</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City: _____ State: _____ Zip Code: _____	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>22</u> Twn <u>4N</u> Rng <u>7E</u>
Telephone No. (_____) _____	Distance: <u>1.4</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Summit</u>

**Well Data**

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

Date well drilling started: 9-14-11 Date well drilling completed: 9-15-11

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

Static Water Level: 75' feet above of below (circle one) land surface Date measured: 9-15-11

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

Hole depth: 260' Well depth: 260' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 020 inches Setting depth: From 200 feet to 260 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

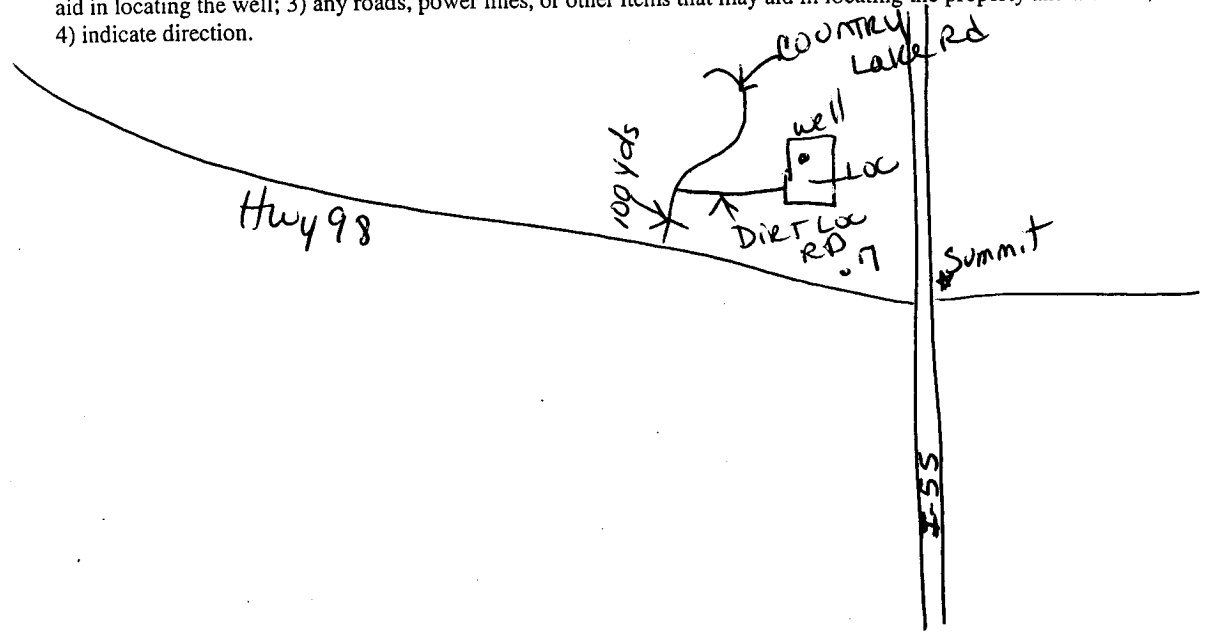
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
CHALK	0	60
STREAKS RED CLAY + GRAVEL	60	135
CHALK	135	220
SAND	220	260

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.



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

Signature of Water Well Contractor

APPROVED  
 JUN 14 2011  
 (Faint official stamps and dates)

# 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)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A 258  
 Elevation: \_\_\_\_\_

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: GARY RAYBORN  
 Date completed: 9-15-2011

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>EOR LLC</u>	Latitude: <u>31-17-39</u> Longitude: <u>90-29-24</u>
Mailing Address: <u>11490 EMERALD COAST Pkwy</u> <u>SUITE 300 BOX 3</u> <u>MIRAMAR BEACH AL 32550</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code: _____	<u>SE 1/4 SW 1/4 Sec 22 Twn 4N Rng 7E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1.4 Miles NW of Summit</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>9-22-11</u>	Setting Depth: <u>126'</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-22-11</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>75</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 _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</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.

GARY RAYBORN 060  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer