

Waggoner #1

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 #: F-15
L. S. Elevation: _____
E-log #: _____

County: Scott
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 7/1/2008

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>Rocksourc Energy Corp.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1160 Dairy Ashford</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Suite 444</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Houston TX 77079</u>	1/4 1/4 Sec <u>22</u> Twn <u>7N</u> Rng <u>7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 672-9822</u>	<u>7.5</u> Miles <u>N</u> of <u>Morton</u>

Well Data

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

Date well drilling started: 6/30/08 Date well drilling completed: 7/1/2008

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 7/1/08

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

Hole depth: 320' Well depth: 320' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 280 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 020 inches Setting depth: From 280 feet to 320 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]
Signature of Water Well Contractor

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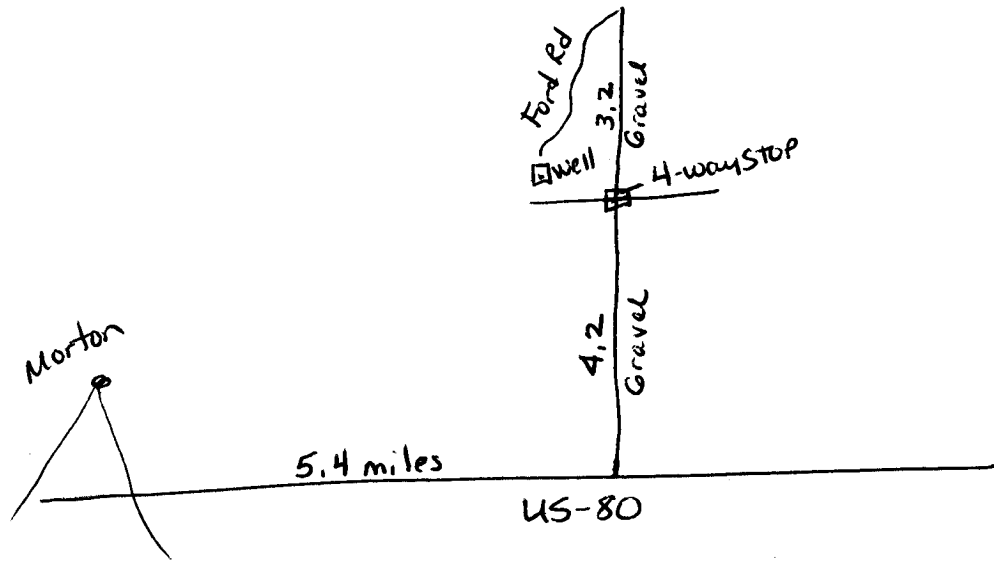
If well telescopes please sketch below and show depths.

Ground Level _____

Description of Formations Encountered	From	To
CHALK	0	170
SAND	170	180
CHALK	180	185
SAND	185	200
CHALK	200	205
SILT	205	220
CHALK	220	225
SAND	225	240
CHALK	240	260
FINE SAND (CUT GOOD)	260	780

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

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

For Office Use Only:

Aquifer: _____
 Well #: E-15
 Elevation: _____

County: Scott
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 7-1-08

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>Rocksource Energy Corp.</u> Mailing Address: <u>Suite 444</u> <u>1160 Dairy Ashford</u> <u>Houston TX 77079</u> City State Zip Code Telephone No. <u>(601) 672-9822</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ ¼ _____ ¼ Sec <u>22</u> Twn <u>7N</u> Rng <u>7E</u> Distance Direction Nearest Town <u>7.5</u> Miles <u>N</u> of <u>Morton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>7-1-08</u> Rated Pump Capacity: <u>60</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>147</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-1-08</u> Static Water Level (A): <u>75</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>60</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <u>Electric Measuring Line</u> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>60</u> GPM with a drawdown of _____ feet after _____ hours of pumping

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 of Pump Installer

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