

County: Simpson
 Permit #: CW116361
 Driller: Griner Drilling Service Inc.
 Date drilling completed: 6/15/2008

Well Driller Report and Well Log

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 #: 966
 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>Energy South / Mississippi Hub Well #5</u>	Latitude: <u>31 45°04'51" N</u>	Longitude: <u>89 48°45' 51" W</u>
Mailing Address:	<u>1002 East St. Mary Blvd.</u>	Method of Lat/Long (circle one): <u>Google Earth</u> <u>48' 44"</u> <u>45' 05"</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Lafayette</u> <u>LA</u> <u>70503</u>	City State Zip Code	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>30</u> Twn <u>10N</u> Rng <u>17W</u>	
Telephone No.	<u>(337) 234-2326</u>	Distance	Direction
		<u>4.2</u> Miles	<u>South</u> of <u>Mages</u>

Well Data

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

Date well drilling started: 5/20/2008 Date well drilling completed: 6/15/2008

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

Static Water Level: 329.41 feet above or below (circle one) land surface Date measured: 8/18/2008

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

Hole depth: 2216' Well depth: 2216' Well grouted to a depth of 1935 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1935 feet Casing diameter: 16 inches Type of casing: Black Steel

Screen length: See Drawing feet Screen diameter: 10" x 8" inches Type of screen: 304 SS Munipack

Screen slot size: 0.020- inches Setting depth: From 1845 feet to 2206 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: 1733 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): Griner Drilling Service

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.

Griner Drilling Service Inc.
 Print Name of Water Well Contractor and License No. _____

Signature of Water Well Contractor, _____

If well telescopes please sketch below and show depths

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Ground Level

SEE
ATTACHED
DRAWING

Description of Formations Encountered	From	To
Gravel	0	360
Sand with Clay Streaks	360	520
Sand	520	590
Sand and Gravel	590	720
Sand	720	810
Sand and Clay	810	860
Sand	860	920
Sand and Clay	920	970
Clay	970	1280
Sand with Clay Streaks	1280	1460
Sand	1460	1600
Clay	1600	1750
Sand with Clay Streaks	1750	1900
Sand	1900	2210
Clay	2210	2270

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.

SEE ATTACHED SATTELITE PHOTO

Landowner Name: _____

Signature of Water Well Contract

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: <u>Simpson</u>
Permit #: _____
Driller: <u>Griner Drilling Service</u>
Date Completed: <u>6/15/2008</u>

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For Office Use Only:	
Aquifer: _____	
Well #: <u>Q66</u>	
Elevation: _____	

This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.

Well Owner Information	Well Location
Owner Name <u>Energy South / Mississippi Hub Well #5</u>	Latitude: <u>31 48'44.62" N</u> Longitude: <u>89 45'04.51" W</u>
Mailing Address: <u>1002 East St. Mary Blvd.</u>	Method of Lat/Long (circle one): <u>44"</u> Conventional Survey, <u>05"</u> Google Earth
Lafayette LA 70503	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 30 Twn 10N Rng 17W</u>
Telephone No. <u>(337) 234-2326</u>	Distance Direction Nearest Town <u>4.2 Miles South of Magee</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piton <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>250</u>
Date Pump Installed: <u>8/27/2008</u>	Setting Depth: <u>550</u> feet
Rated Pump Capacity: <u>1400</u> 4000 Gallons per minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>8/18/2008</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>330</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>345</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>15</u> Feet Below Land Surface	Well yielded <u>600</u> GPM with a drawdown of
Test Pumping Rate: <u>600</u> Gallons Per Minute	<u>15</u> feet after <u>24</u> hours of pumping
Duration of Pump test (minimum 4 hours): <u>2.4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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