

# 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-94  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Smith  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 12/18/07

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>Leaf River Gas Stg LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>61 Wilton Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>West Port CT 06880</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>10N</u> Rng <u>13W</u>
Telephone No. (____): _____	Distance _____ Direction _____ Nearest Town _____ Miles _____ of <u>Taylorville</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture <u>Other: Rig Supply</u>	
Date well drilling started: <u>12/17/07</u> Date well drilling completed: <u>12/18/07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>50'</u> feet above or below (circle one) land surface Date measured: <u>12/18/07</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>240'</u> Well depth: <u>240'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>200</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.020</u> inches Setting depth: From <u>200</u> feet to <u>240</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.	
<u>RAYBORN DRILLING, INC.</u> <u>0-60</u>	
Print Name of Water Well Contractor and License No.	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 #: R-94

Elevation: \_\_\_\_\_

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: \_\_\_\_\_

**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>Leaf River Gas Stg LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>61 Wilton Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>West Port CT 06880</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>10N</u> Rng <u>13W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of <u>Taylorville</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>12/18/07</u>	Setting Depth: <u>105'</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/18/07</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line      Steel Tape
Static Water Level (A): <u>50</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      0-60  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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