

County: Stone
 Permit #: _____
 Driller: Louis Jones
 Date drilling completed: 9-5-2004

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 #: K-30131
 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>Petro Hunt, LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 730</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Brandon</u> <u>MS</u> <u>39043</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>4</u> Twn <u>4 S</u> Rng <u>12 W</u>
Telephone No. (<u>601</u>) <u>845-2252</u>	Distance Direction Nearest Town <u>5 1/2</u> Miles <u>West</u> of <u>Perkinston</u>

Well Data

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

Date well drilling started: 9-4-2004 Date well drilling completed: 9-5-2004

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured 9-5-2004

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

Hole depth: 304 Well depth: 304 Well grouted to a depth of 50' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 274' feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: Sawed PVC

Screen slot size: .010 inches Setting depth: From 274 feet to 304 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): _____

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 SEP 13 2004
 BY OLWR

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. 0-581
 Print Name of Water Well Contractor and License No.

Chas H. Smith
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 #: K-30
Elevation: _____

County: Stone
Permit #: _____
Driller: Louis Jones
Date completed: 9-5-2004

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

Well Owner Information	Well Location
Owner Name: <u>Petro Hunt LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 730</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Brandon</u> <u>MS</u> <u>39043</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>4 S</u> Rng <u>12 W</u>
Telephone No. (<u>601</u>) <u>845-2252</u>	Distance Direction Nearest Town <u>5 1/2</u> Miles <u>West</u> of <u>Perkinston</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): <u>Rig Generator</u>
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2</u> RECEIVED
Date Pump Installed: <u>9-5-2004</u>	Setting Depth: <u>252</u> feet SEP 13 2004
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>13</u> BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>120</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>100</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>100</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.

Griner Drilling Service 0-518
Print Name of Pump Installer and License No. (if applicable)

Charles H. Griner
Signature of Pump Installer