

State Well Report

Part 1

County: Wayne Co.
 Permit #: _____
 Driller: Tom Griffith Water Well
 Date drilling completed: 6/25/06

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 #: Q-233
 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>KCS Resources</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 707130</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Tulsa, Ok 74170</u>	<u>4 4 Sec 16 Twn 8N Rng 6W</u>
City State Zip Code	Distance <u>4</u> Miles <u>SE</u> Direction of <u>Waynesboro, MS</u> Nearest Town
Telephone No. <u>918, 491-4100</u>	

BOE 16-11 NO. 1 Well Data

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

Date well drilling started: 6/23/06 Date well drilling completed: 6/25/06

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: _____ Well depth: _____ Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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.

Tom Griffith, President _____
 Print Name of Water Well Contractor and License No. 0-0402 Signature of Water Well Contractor

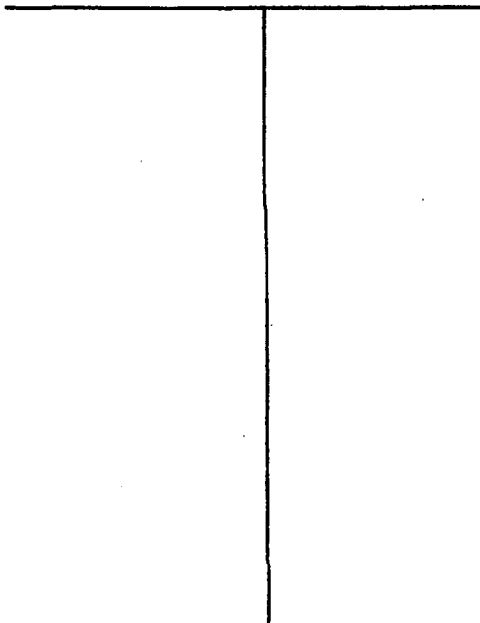
500' Dry Hole

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If well telescopes please sketch below and show depths.

Ground Level

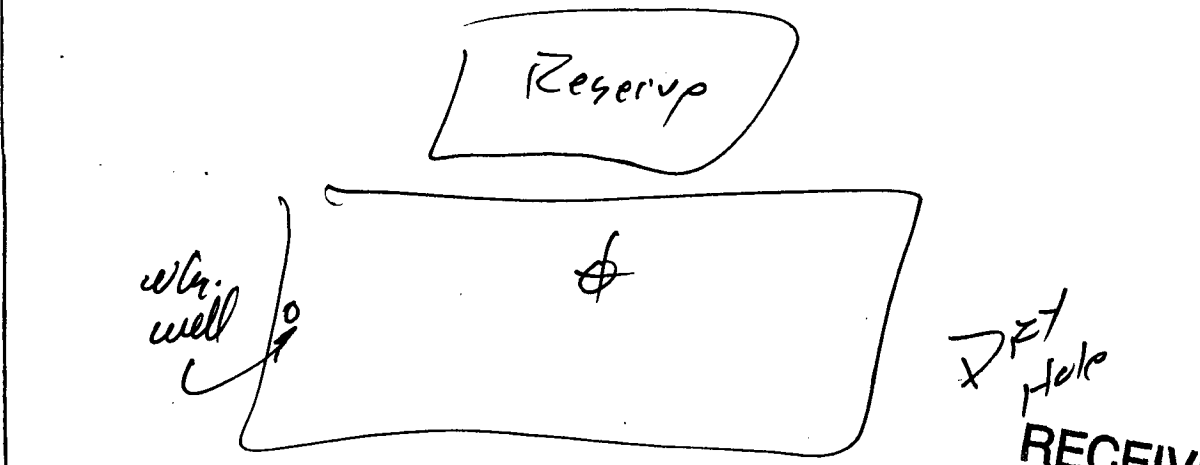


Description of Formations Encountered	From	To
Clay	0	12
Sand	12	16
Clay, Hard limestone, Rocks	16	500'

stopped Hole @ 500'

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: KCS Resources

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[Signature]
Signature of Water Well Contractor

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)

County: Wayne Co.
 Permit #: _____
 Driller: Tom Griffith Water Well
 Date completed: 6/25/06

For Office Use Only:

Aquifer: _____
 Well #: Q-233
 Elevation: _____

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>KCS Resources</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 707130</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Tulsa, OK 74170</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>16</u> Twn <u>8N</u> Rng <u>6E</u>
Telephone No. <u>(918) 491-4100</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>SE</u> of <u>Waynesboro, MS</u>

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tap
Static Water Level (A): _____ 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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Tom Griffith, President 0-0402 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

500' Dry Hole