SDSmith et al 1H

STATE WELL REPORT
Part 1
Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

County: Wilkinson
Permit #:
Driller: Gary Rayborn
Date drilling completed: 5/31/14

For Office Use Only:
Well #: R69
Aquifer:
E-Log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information
(Landowner if borehole is not for a water well)

Owner Name: Halcon Resources
Mailing Address: 1000 Louisiana St, Suite 6700
Houston TX 77002
City State Zip Code
Telephone No. (830) 202-0047

Well or Borehole Location

Latitude: 31.~~00203~~" (31-01-19) Longitude: 91.27800" (91-16-41)
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____
1R ¼ NW ¼, Sec 44 T 1N R 2W
5.5 Miles S/SE of Woodville
(*Distance*) (*Direction*) (*Nearest Town*)

Well / Borehole Data

Date drilling started: 5/31/14 Date drilling completed: 5/31/14 Hole depth: 180 Hole diameter: 4"
Location of the source of any surface water used for drilling: —
Method of dosing and volume of Chlorine used in drilling and development: —
Logs run (*circle all applicable*): [No log run] Electric Gamma Ray Density Sonic Neutron Other: —
Name of organization running log(s): —
Purpose of borehole (*circle one*): [Water Well] Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (*describe*)

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (*circle all applicable*): Home Industrial Public Supply Irrigation Fish Culture
Other (*describe*): Rig Supply
If a flowing well, method of flow regulation: Valve ____ Other (*describe*)
Static Water Level: 90 feet [above or (below)] land surface (*circle one*) Date measured: 5/31/14
Method of measurement (*circle one*): Steel tape [Electric tape] Air line Other (*describe*):
Well depth: 180 Well grouted to a depth of: 180 feet Type of grout (*circle one*): [Neat Cement] Bentonite Mix
Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .020 inches Setting depth: From 160 feet to 180 feet
Type of completion (*circle all applicable*): [Gravel packed] Underreamed Open hole Natural Development
Other (*describe*):
Top of lap pipe or reduction in casing: — feet

If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A (4/13)

County: Wilkinson

Permit #: _____

For Office Use Only:

Well #: R69

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

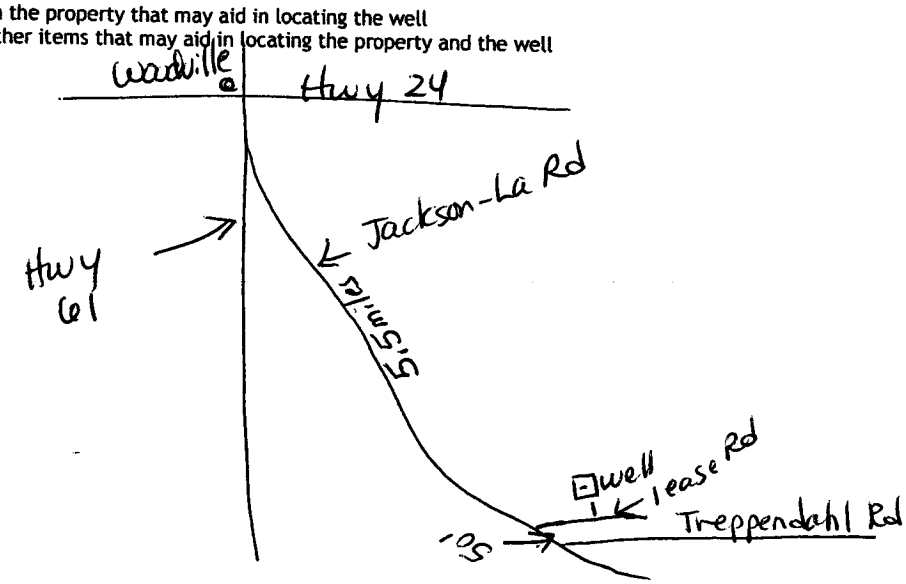
If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (*depth*)	To (*depth*)
	Ground level	

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) north arrow



Landowner Name: _____

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Rayborn Drilling Inc 0-60 | 6/20/14 | _____

Print Name of Responsible Licensee and License No. | Date | Signature of Licensee

Form: OLWR-SWR-1A (*4/13*)

STATE WELL REPORT

County: Wilkinson
Permit #:
Driller: Gary Rayborn
Date completed: 5/31/14
Copy information from block on Part 1

Part 2
Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:
Well #: R69
Aquifer:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information

Owner Name: Halcon Rources
Mailing Address: 1000 Louisiana St
Suite 6700
Houston TX 77002
City State Zip Code
Telephone No. (830) 202-0047

Well Location

Latitude: ~~31.00203"~~ 31-01-19 Longitude: ~~91.27800"~~ 91-16-41
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____
IR ¼ NW ¼, Sec 44 T 1N R 2W
5.5 Miles S/SE of Woodville
(Distance) (Direction) (Nearest Town)

Pump Type (*circle one*)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*):
Date Pump Installed: 5/31/14 Rated Pump Capacity: 60 Gallons Per Minute
Is This Pump (*circle one*): New Repaired Replacement

Power Type (*circle one*)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (*describe*):
Horse Power Rating of Motor: 5HP Setting Depth: 168 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 5/31/14 Duration of Pump Test (*minimum 4 hours*): — hours
Static Water Level (A): 90 Feet Below Land Surface Pumping Water Level (B): — Feet Below Land Surface
Drawdown [(B) - (A)]: — Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute
Method of measurement (*circle one*): Steel tape Electric tape Air line Other (*describe*):

Pump Test Data for Flowing Well

Measured shut in head: ____ feet.
Well yielded ____ GPM with a drawdown of ____ feet after ____ hours of pumping

Meter Installation

Meter Manufacturer: Meter Serial Number:
Meter Model Number/Name: Type of Meter:
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):
Installation Date: Meter installed by:
Is This Meter (*circle one*): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

Received BY OLWR JUN 24 2014

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

Gary Rayborn 0-60 6/20/14
Print Name of Pump Installer and License No. (*if applicable*) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)