Well or Borehole Location

Well Owner Information

STATE WELL REPORT

County: . Permit #: Driller:

Date drilling completed:

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)961-5555 (601)961-5228 (fax)

For Office Use Only:	
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.

City State Zip Code (Landowner if borehole is not for a water well) Owner Name: Penbury Resources Tx 75024 Zip Code Telephone No. (972) 673-2000	Latitude: 32.14007 Longitude: 90.44009 32.44-26 Method of Lat/Long (check one): Conventional Survey. USGS quad X, Hand-held GPS X, Survey-grade GPS NE 4 5W 4, Sec 1 T 10 N R 3W (Distance) (Direction) (Nearest Town)					
Well / Borehole Data						
Date drilling started: 3-16-18 Date drilling completed:	3-17-18 Hole depth: 325 Hole diameter: 63					
Location of the source of any surface water used for drilling	ng: Creen on Tinsley W. RECEIVED					
Method of dosing and volume of Chlorine used in drilling a	nd development: Tabs Soffm					
Logs run (check all applicable): Xlog run Electric Chami	na Ray Density Sonic Neutron Other MAR 19 2018					
Name of organization running log(s):	BY OLWR					
Purpose of borehole (check one): Water Well Cootechn	ical/Geological Investigation Ground Source Heat Pump					
Seismic Survey Other	(describe)					
If drilling is not related to water well c	onstruction, skip the remainder of this block					
Purpose of Well (check all applicable): Home Industria	al Public Supply Irrigation Fish Culture					
Other (describe): Rig Supply						
If a flowing well, method of flow regulation: Valve	Other (describe)					
Static Water Level: 97 feet [above or below] land surface Date measured: 319-2018 (check one)						
Method of measurement (check one) Steel tape Electric	tape Air line Other (describe): 50-ml					
Well depth: 335 Well grouted to a depth of: 10	feet Type of grout (check one) Neat Cement tentonite Mix					
Casing length: 285 feet Casing diameter:						
Screen length: 40 feet Screen diameter:						
Screen slot size:inches	: From 385 feet to 325 feet					
Type of completion (check all applicable) Aravel 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: OI.WR-SWR-1A (4/13						

County: Ya200		For Office Use	Only:		
		002	•		
Permit #:		Well #: (383			
		* *			
The sketch below only required for water wells	Description of formations enc and boreholes, unless specific	countered must be provide Sally exempted by regulation	a for all wells		
If well telescopes, show depths on sketch.		they carried by regarding	<u> </u>		
Ground Level	Description of Formations Encou	ntered From (depth)	To (depth)		
Oldand Sever	Fill .	Ground level	4		
	Blowsand	9	42		
	50 f x Cay	<u> </u>	<u> 5</u> v		
	Rocks w klay		<u>53</u>		
	Sandy - Mody's	53	89		
•	Sand	89	101		
	Clay	101	163		
	Sand/Clay Streams	163	346		
	Sant	ટ્રેયુંઠ	325		
			<u> </u>		
·					
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		1			
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If more than one screen, show location of each on sketch			<u> </u>		
Sketch the property layout and include the following:					
 the well location any permanent structures on the property that ma 	v aid in locating the well				
3) any roads, power lines, or other items that may air	d in locating the property and the well	\\			
4) north arrow	~	1.00			
		Tireley 24.			
Tinel	ey And	Broke			
		1 1/21			
1/	1-7 mile	P4			
/ [Maker	< N			
Old socialist					
	in oil well				
Oldlocation	New States	RECEIVE	\supset		
P	remove & note:		_		
	a we	MAR 1 9 2018			
150		1.1MIA . O TOIO			
well	oil well	BYOL	,		
		BY OL : r	*		
·					
Landowner Name: Denbuy Resoures					
Landowner Name: 1)8ABUS 118SOUCES					
I HEREBY CERTIFY that the well/borehole was drille requirements of the Mississippi Department of Envir	ed, constructed, and completed in	accordance with all ampl	icable		
requirements of the Mississippi Department of Envir	ronmental Quality and the Mississi	ppi Department of Health	regulations,		
if applicable, and state laws.	_	101			
Dandwest 0-672	3-19-2018	/w// KIM-			
Print Name of Responsible Licensee and License No	Date	Signature of Licenses			
			R-SWR-1B (4/13		

STATE WELL REPORT

County: YAZOU Permit #: Driller: Down West Date completed: 3-17-2016

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

For Office Use Only:					
Well #: <u>083</u>					
Aquifer:					

Copy information from black on Part 1 (601) 360-0535 (fax) 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. 33-44-26 Well Location 90-27-43 Well Owner Information __Longitude: 90.46.209 Owner Name: 1) entru 1/25 ources Mailing Address: 532 Method of Lat/Long (check one): Conventional Survey___ USGS guad X. Hand-held GPS X. Survey-grade GPS 75024 Plans 14. Sec Zip Code **ที่เ**ป 73-2000 Telephone No. (492) (Distance) (Direction) (Negrest Town) Pump Type (check one) Submersible X Turbine Air Lift Centrifugal Flowing Well Det Piston (Rotary Other (describe): 3-17-2018 _____ Rated Pump Capacity: ___ Date Pump Installed: ___ Gallons Per Minute Is This Pump (check one): New Repaired Replacement Whental Power Type (check one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: 160 Horse Power Rating of Motor: feet Number of Stages: Pump Test Data for Non Flowing Well Date Well Tested: _ Duration of Pump Test (minimum 4 hours): Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: ______Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Method of measurement (check one): Steel tape \square Electric tape \square Air line \square 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 (check 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.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.						
nowid west 0-672	3-18-2018	La AUN				
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer				

Form: OLWR-SWR-2A (4/13)