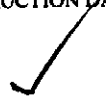


STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST
BE RETURNED WITHIN 30 DAYS OF
CONSTRUCTION DATE



RESOURCES
DELAWARE 19901
302-739-3665
302-739-2296

FORMATION LOG

PF44-08

PAGE _____ OF _____ PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

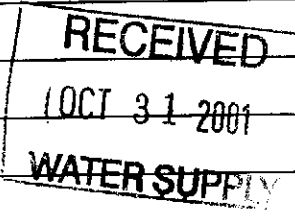
PERMIT# 173748 LOCAL ID# _____

PROPERTY OWNER TNA COLURS

WELL CONTRACTOR WSS LIC# 830

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>TOP</u>	<u>0</u>	<u>1</u>
<u>YELLOW SAND MED TO COARSE</u>	<u>1</u>	<u>17</u>
<u>YELLOW SAND FINE</u>	<u>17</u>	<u>23</u>
<u>YELLOW SAND MED</u>	<u>23</u>	<u>71</u>
<u>" " COARSE</u>	<u>71</u>	<u>100</u>

OTHER COMMENTS: _____



I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT

[Signature] License# 830 Date 9/15/00

Signature of Well Driller In Charge