

STATE OF DELAWARE
 DEPARTMENT OF NATURAL RESOURCES
 AND ENVIRONMENTAL CONTROL

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

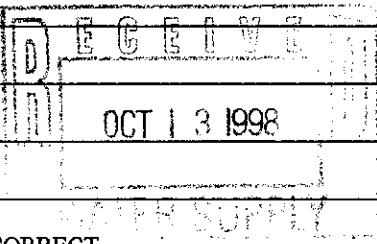
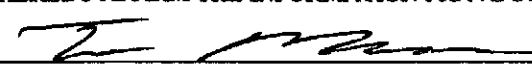
RESOURCES
 DEPARTMENT OF NATURAL RESOURCES
 DELAWARE 19901
 302-739-3665
 302-739-2296

FORMATION LOG

Qc 44-10

PAGE _____ OF _____ PAGES

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

PERMIT# 159082	LOCAL ID#	
PROPERTY OWNER Byard Laxton		
WELL CONTRACTOR MORRI'S CO	LIC# 1004	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	5
YELLOW FINE SAND	5	25
TAN MED. SAND	25	45
COARSE TAN SAND	45	58
OTHER COMMENTS:		
		
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT		
	1004	6-26-98
Signature of Well Driller In Charge	License#	Date