

Am

903-984-0633

# 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)

#### For Office Use Only:

Well #: P 109  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Anne  
 Permit #: NA  
 Driller: Masline  
 Date drilling completed: 19-14

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Goodrich Petroleum</u>	Latitude: <u>31° 08.762'</u> Longitude: <u>90° 33.589'</u>
Mailing Address: <u>801 Louisiana St</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>Suite 700</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Houston</u> <u>TX</u> <u>77002</u>	<u>SE</u> 1/4 <u>SW</u> 1/4, Sec. <u>12</u> T <u>2N</u> R <u>6E</u>
City State Zip Code	<u>C</u> Miles of _____ of _____
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 1-8-14 Date drilling completed: 1-9-14 Hole depth: 280 Hole diameter: 7 7/8"

Location of the source of any surface water used for drilling: NA

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: 85 feet [above or (below) land surface] (circle one) Date measured: 1-9-14

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 280' Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: Sch 40 PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: Sch 40 PVC

Screen slot size: .012 inches Setting depth: From 220 feet to 280' 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

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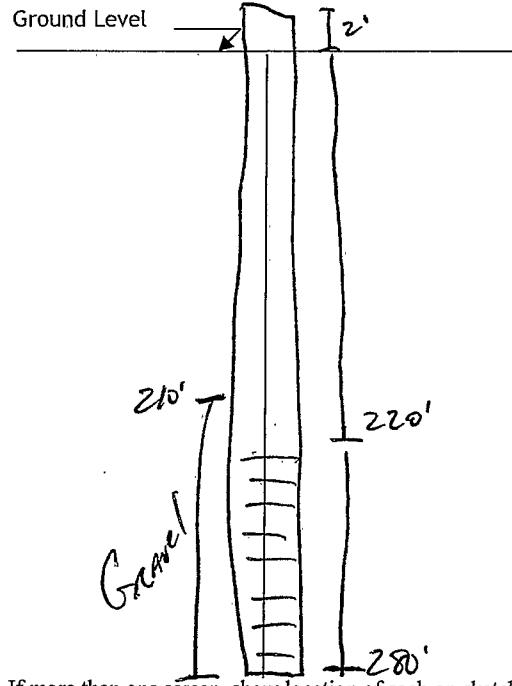
FEB 21 2014

BY: OLWR

County: Amite  
 Permit #: \_\_\_\_\_

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 Well #: P 109

The sketch below only required for water wells  
If well telescopes, show depths on sketch.



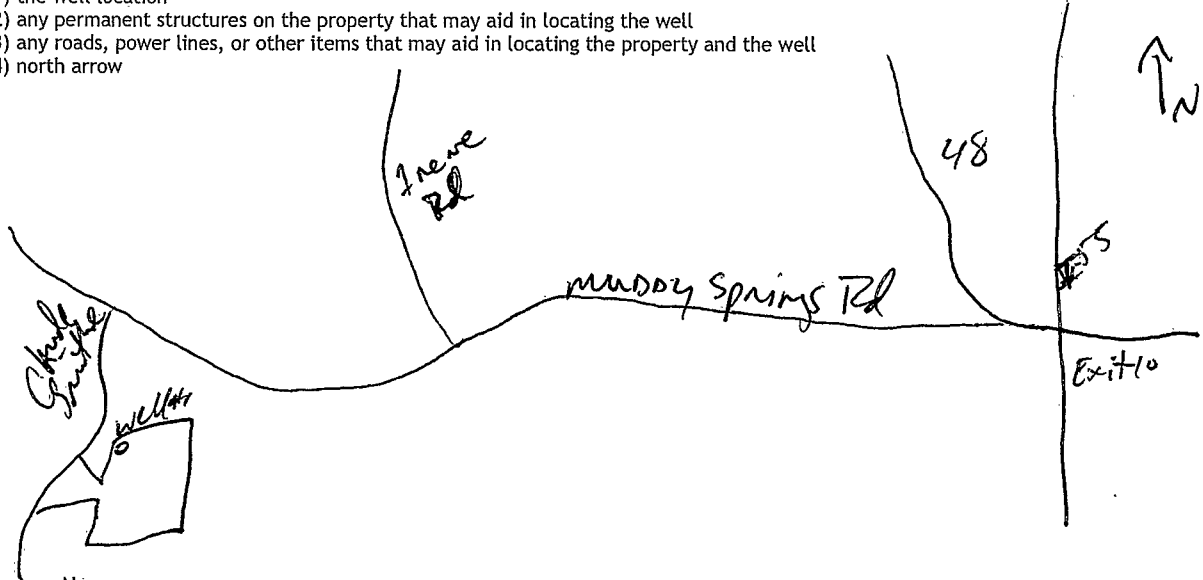
If more than one screen, show location of each on sketch

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)
Pink SAND	Ground level	70
bed rock	70	130
pea gravel	130	170
clay	170	210
pure sand/clay	210	280

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.

Clint Smoody 2-18-14  
 Print Name of Responsible Licensee and License No. Date

[Signature]  
 Signature of Licensee

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