

Anderson 18H-1

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: T 76  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 12-29-11

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

<b>Well Owner Information</b>			<b>Well Location elev 272</b>		
Owner Name <u>Encana Oil &amp; Gas</u>			Latitude: <u>31° 03' 5.4"</u> Longitude: <u>90° 44' 15.1"</u>		
Mailing Address: <u>RT 2 Box 2462 hwy 786</u>			Method of Lat/Long (circle one): <u>Hand-held GPS</u> <sup>05</sup> <sub>15</sub>		
<u>Coushatta, La 71019</u>			USGS quad, <u>Hand-held GPS</u> Survey-grade GPS		
City State Zip Code			<u>SE 1/4 NE 1/4 Sec 18 Twn 1 N Rng 5 E</u>		
Telephone No. ( ) _____			Distance Direction Nearest Town		
			<u>8 Miles SE of Liberty</u>		

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Pig Supply

Date well drilling started: 12-28-11 Date well drilling completed: 12-29-11

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 23' feet above of below (circle one) land surface Date measured: 12-29-11

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 323 Well depth: 260 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

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

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

Screen slot size: .020 inches Setting depth: From 200 feet to 240 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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

John W Thompson 0-679  
Print Name of Water Well Contractor and License No.

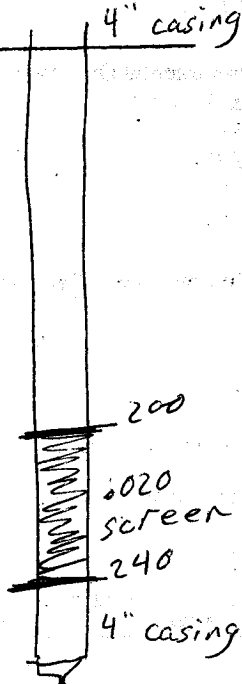
John W Thompson  
Signature of Water Well Contractor

RECEIVED  
JAN 23 2012  
BY: OLWR

T76

If well telescopes please sketch below and show depths.

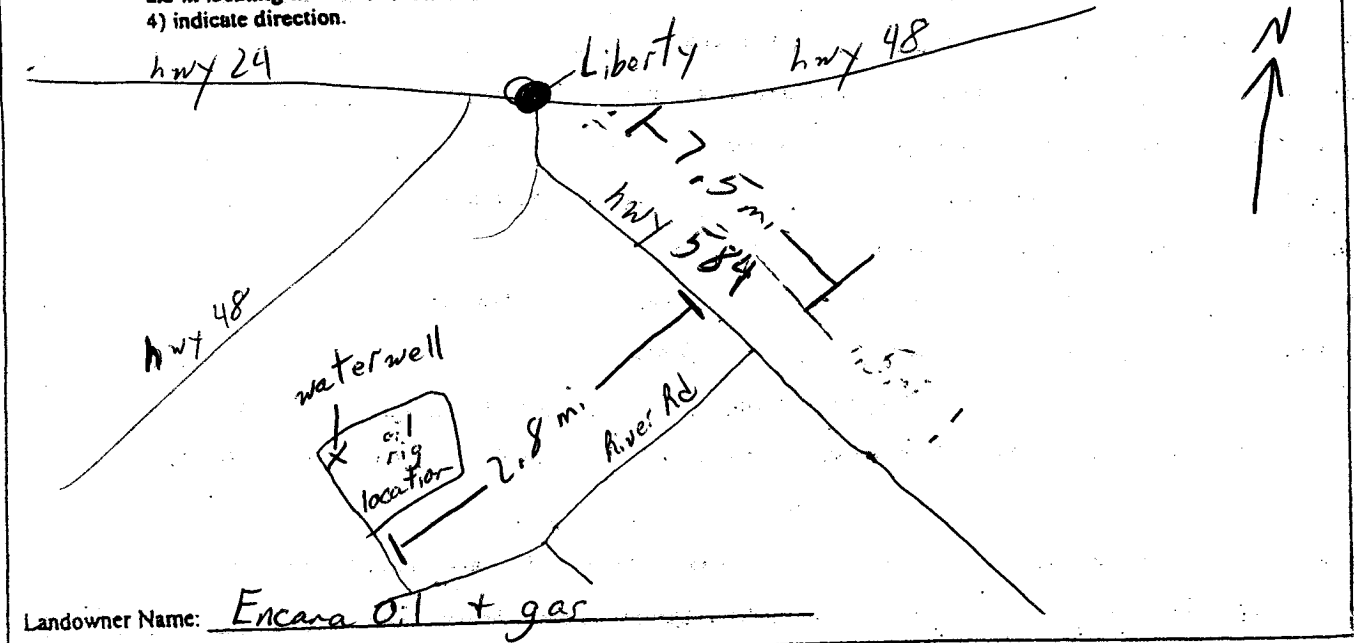
Ground Level



Description of Formations Encountered	From	To
Clay	0	30
Sand & Pea Gravel	30	63
Clay	63	123
Sand & pea gravel & clay	123	250
Clay	250	290
Sandy red clay	290	323

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

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) indicate direction.



John W. Thompson  
Signature of Water Well Contractor

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 12-29-11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: T76  
 Elevation: \_\_\_\_\_

*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	Well Location
Owner Name: <u>Encava Oil &amp; Gas</u>	Latitude: <u>N31°03'54"</u> Longitude: <u>W90°44'15.1"</u>
Mailing Address: <u>RT 2 Box 2482 hwy 786</u> <u>Coushatta LA 71019</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>18</u> T <u>1N</u> R <u>5E</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>SE</u> of <u>Liberty</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: _____	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-29-11</u>	<u>Air Line</u> _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>23'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12'</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of _____
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>12</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

John W Thompson 0-679 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED  
 JAN 23 2012  
 BY: OLWR