

1228 Frac supply well

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

For Office Use Only

Well #: T790  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

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County: Amite  
Permit #: MS-GW-17411  
Driller: John W Thompson  
Date drilling completed: 11-8-18

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.

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Australis TMS INC</u> Mailing Address: <u>3 Allen Center</u> <u>33 Clay St ste 3680</u> <u>Houston TX 77002</u> City State Zip Code Telephone No. ( ) _____	<b>Well or Borehole Location</b> Latitude: <u>31° 1' 24.62</u> Longitude: <u>90° 41' 45.87</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>S1W 1/4 NW 1/4, Sec 27 T1N R5E</u> <u>2.5</u> Miles <u>W</u> of <u>Gillsburg</u> (Distance) (Direction) (Nearest Town)
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**Well / Borehole Data**

Date drilling started: 10-5-18 Date drilling completed: 11-8-18 Hole depth: 760 Hole diameter: 17.5"  
 Location of the source of any surface water used for drilling: local well  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_  
 Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (check 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 (check all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): Frac supply  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 116 feet  above or  below land surface Date measured: 11-8-18  
 (check one)  
 Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_  
 Well depth: 750 Well grouted to a depth of: 643 feet Type of grout (check one)  Neat Cement  Bentonite  Mix  
 Casing length: 643 feet Casing diameter: 12 3/4 inches Type of casing: Steele  
 Screen length: 107 feet Screen diameter: 6x8 inches Type of screen: munipac  
 Screen slot size: .020 inches Setting depth: From 643-750 feet to 750 feet  
 Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of lap pipe or reduction in casing: 580 feet  
*If telescoped or more than one screen, describe on next page*

County: \_\_\_\_\_

Permit #: \_\_\_\_\_

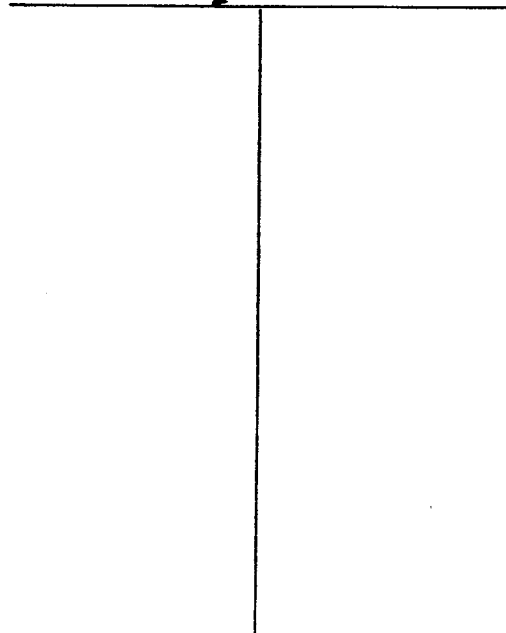
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Well #: T90

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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)
Sand & gravel	Ground level	220
sand & clay	220	270
sand & gravel	270	330
clay	330	350
sand & gravel	350	370
Clay	370	480
sand & gravel	480	530
Clay	530	580
sand & pea gravel	580	760

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) 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.

John W Thompson 0679

12-7-18

*John W Thompson*

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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### STATE WELL REPORT

#### 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  
(601) 360-0535 (fax)

County: Amite  
Permit #: MS-GW-17411  
Driller: John W Thompson  
Date completed: 11-8-18  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: T90  
Aquifer: \_\_\_\_\_

*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>Australis TMS INC</u>	Latitude: <u>31°1'24.62"</u> Longitude: <u>90°41'45.87"</u>
Mailing Address: <u>3 Allen Center</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>33 Clay St. Ste 3680</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Houston TX 77002</u>	<u>SW 1/4 NW 1/4, Sec 27 T1N R5E</u>
City _____ State _____ Zip Code _____	<u>2.5</u> Miles <u>W</u> of <u>Gillsburg</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 11-8-18 Rated Pump Capacity: 1000 Gallons Per Minute

Is This Pump (check one)  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 125 HP Setting Depth: 273 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11-8-18 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 116 Feet Below Land Surface Pumping Water Level (B): 207 Feet Below Land Surface

Drawdown [(B) - (A)]: 91 Feet Below Land Surface Test Pumping Rate: 1000 Gallons Per Minute

Method of measurement (check one): Steel tape  Electric tape  Air line  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

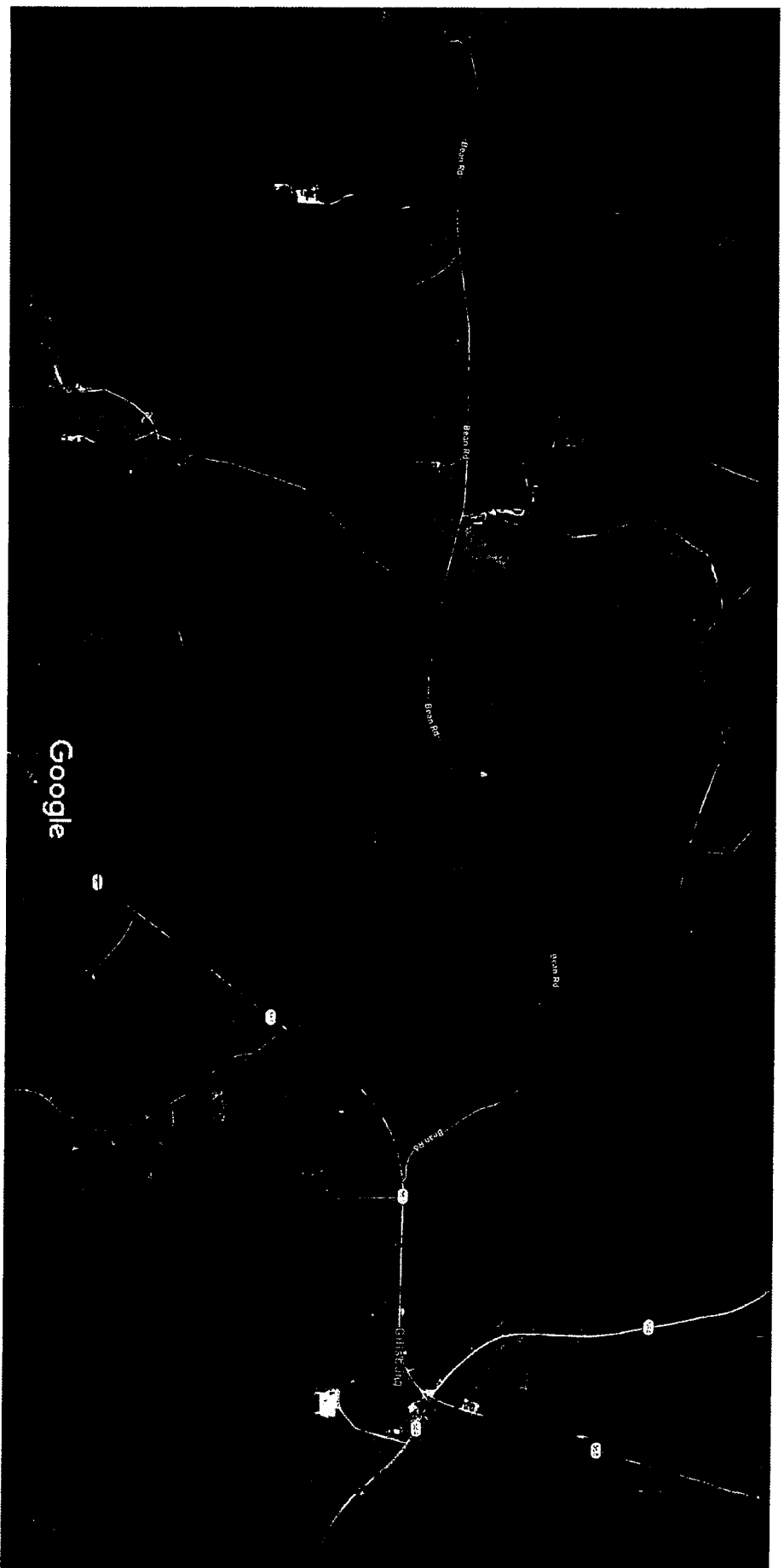
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

John W Thompson 0-677 12-7-18 John W Thompson  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

Go gle Maps 31°01'24.6"N 90°41'45.9"W

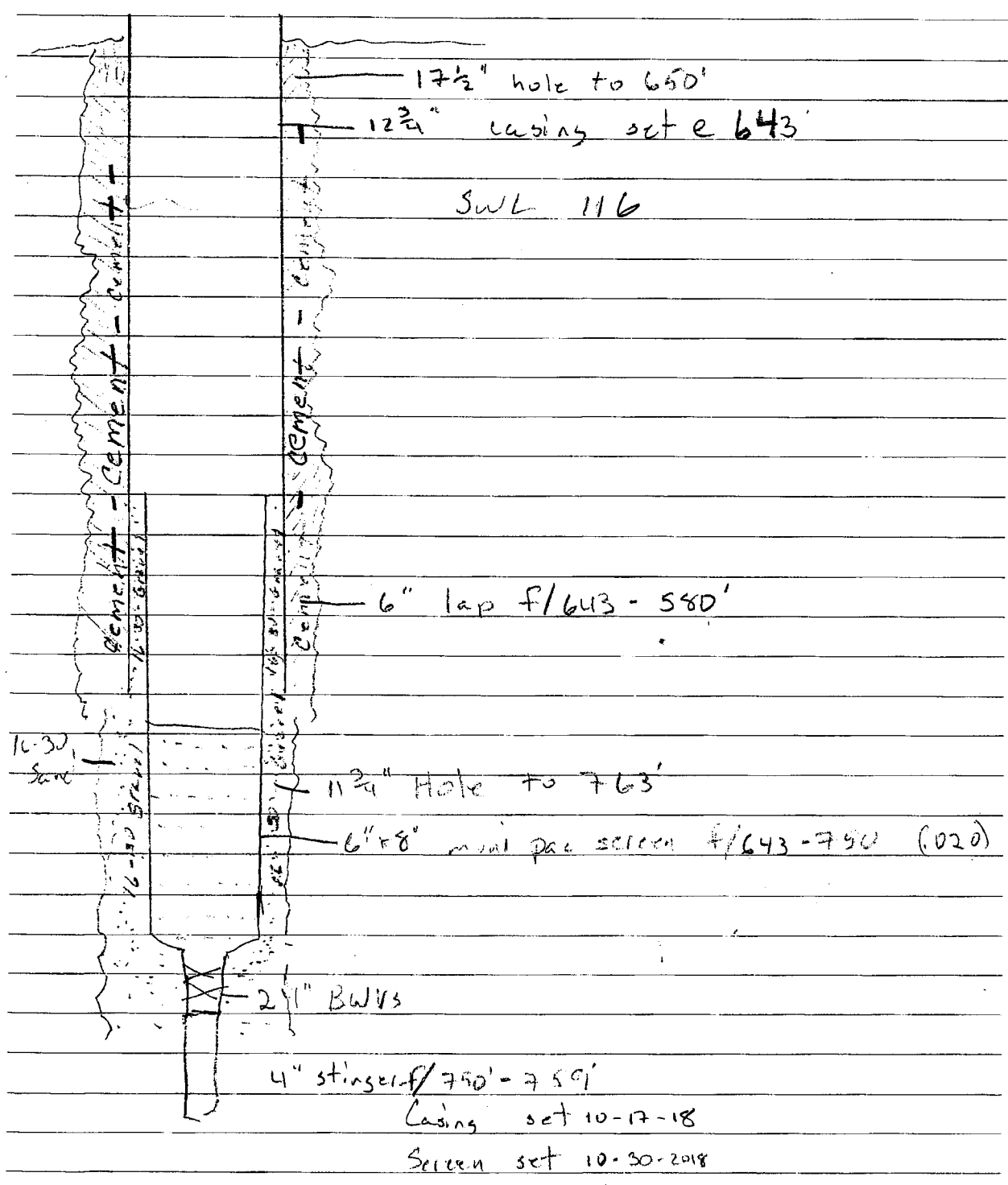


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TAC

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# Australis Frac Pond Well



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