

# 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: \_\_\_\_\_  
Well #: P-71 023  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Clarke  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date drilling completed: 8-27-04

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.

| Well Owner Information   | Well Location   |
|--|---|
| Owner Name: <u>LLOG Exp. Co. LLC</u>   | Latitude: <u>N31° 53' 31"</u> Longitude: <u>W88° 51' 26"</u>  |
| Mailing Address: <u>433 Metairie Rd Suite 600</u><br><u>Metairie, LA 70005</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____                                       | <u>SW</u> ¼ <u>SW</u> ¼ Sec <u>27</u> Twn <u>1N</u> Rng <u>14E</u>                                  |
| Telephone No. (____) _____   | Distance: <u>2</u> Miles Direction: <u>S</u> of Nearest Town: <u>Goodwater</u>                      |

**Well Data**

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

Date well drilling started: 8-26-04 Date well drilling completed: 8-27-04

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

Static Water Level: 105 feet above or below (circle one) land surface Date measured: 8-27-04

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

Hole depth: 380 Well depth: 370 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 330 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 330 feet to 370 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): \_\_\_\_\_

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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 0-0679  
Print Name of Water Well Contractor and License No.

John 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: Clarke  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date completed: 8-27-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: P-71  
Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information  | Well Location   |
|---|---|
| Owner Name: <u>WOG Exploration Co. LLC</u>                                    | Latitude: <u>N31 53' 31"</u> Longitude: <u>88° 51' 26"</u>  |
| Mailing Address: <u>433 Metairie Rd Suite 600</u><br><u>Metairie LA 70005</u> | Method of Lat/Long (circle one): Conventional Survey: _____<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code   | <u>SW 1/4 SW 1/4 Sec 27 Twn 1N Rng 14E</u>  |
| Telephone No. (____) _____  | Distance Direction Nearest Town<br><u>2</u> Miles <u>S</u> of <u>Good Water</u>                           |

| Pump Type<br>Circle one                                   | Power Type<br>Circle one   |
|---|--|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas                        |
| Bucket Piston Turbine                                     | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                           | Windmill Other (specify): _____                                  |
| Other (specify): _____                                    | Horse Power Rating of Motor: <u>7 1/2</u>                        |
| Date Pump Installed: _____                                | Setting Depth: <u>200</u> feet                                   |
| Rated Pump Capacity: <u>85</u> Gallons Per Minute         | Number of Stages: _____  |

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| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                |
|--|--|
| Date Well Tested: <u>8-27-04</u>                       | Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): _____ Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                          |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface    | Well yielded <u>60</u> GPM with a drawdown of                                |
| Test Pumping Rate: _____ Gallons Per Minute            | <u>35</u> feet after <u>4</u> hours of pumping                               |
| Duration of Pump Test (minimum 4 hours): _____ hours   |  |

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

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_