

State Well Report

Part I

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 023
Permit # _____
Driller John W. Thompson
Date drilling completed: 2-7-05

For Office Use Only:
Aquifer _____
Well #: S-55
L. S. Elevation: _____
E-log #: _____

Thompson Brothers Water Well Service

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>Pruett Production</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>217 W Capital St</u> <u>Jackson, MS 39201</u>	Method of Lat/Long (circle one): Conventional Survey. USGS quad. Hand-held GPS. Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 Sec <u>20</u> Twn <u>1N</u> Rng <u>18E</u>
Telephone No. (_____) _____	Distance <u>14</u> Miles Direction <u>ENE</u> of Nearest Town <u>Shubuta</u>

Well Data

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

Date well drilling started: 2-7-05 Date well drilling completed: 2-7-05

If flowing method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth 230 Well depth: 225 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length 185 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: 010 inches Setting depth: From 185 feet to 225 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 0-0679 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

Signature of Water Well Contractor
John N. Thompson

Landowner Name: Prueff Production

oil rig location

water well X

Board Road

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.

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

If well telescopes please sketch below and show depths.

From	To	Description of Formations Encountered
0	5.5	clay
5.6	6.5	sand
6.5	6.6	rock
6.6	6.6	sand
6.6	7.5	clay
7.5	180	clay
180	180	sand
180	228	clay
228	230	clay

Ground Level

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: 2-7-05

For Office Use Only:

Aquifer: _____
Well #: _____
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>Pruett Production</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>217 West Capital St.</u> <u>Jackson MS 39201</u>	Method of Lat/Long (circle one): Conventional Survey: _____
City _____ State _____ Zip Code _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (____) _____	_____ 1/4 _____ 1/4 Sec <u>20</u> Twp <u>1N</u> Rng <u>18E</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>14</u> Miles <u>ENE</u> of <u>Shubuta</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>2-11-05</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-11-05</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>95</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>45</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of
Test Pumping Rate: <u>75</u> Gallons Per Minute	<u>45</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 0-0679 John W. Thompson
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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FEB 18 2005
BY: OLWR