

# 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 #: A-29  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Covington  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 2-19-06

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>Massbacher Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>712 Main St suite 2200</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Houston TX 77002</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>9N</u> Rng <u>17W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>W</u> of <u>Mt Olive</u>

**Well Data**

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

Date well drilling started: 2-18-06 Date well drilling completed: 2-19-06

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

Static Water Level: 62 feet above or below (circle one) land surface Date measured: 2-19-06

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

Hole depth: 244 Well depth: 240 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

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

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .020 inches Setting depth: From 220 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: \_\_\_\_\_

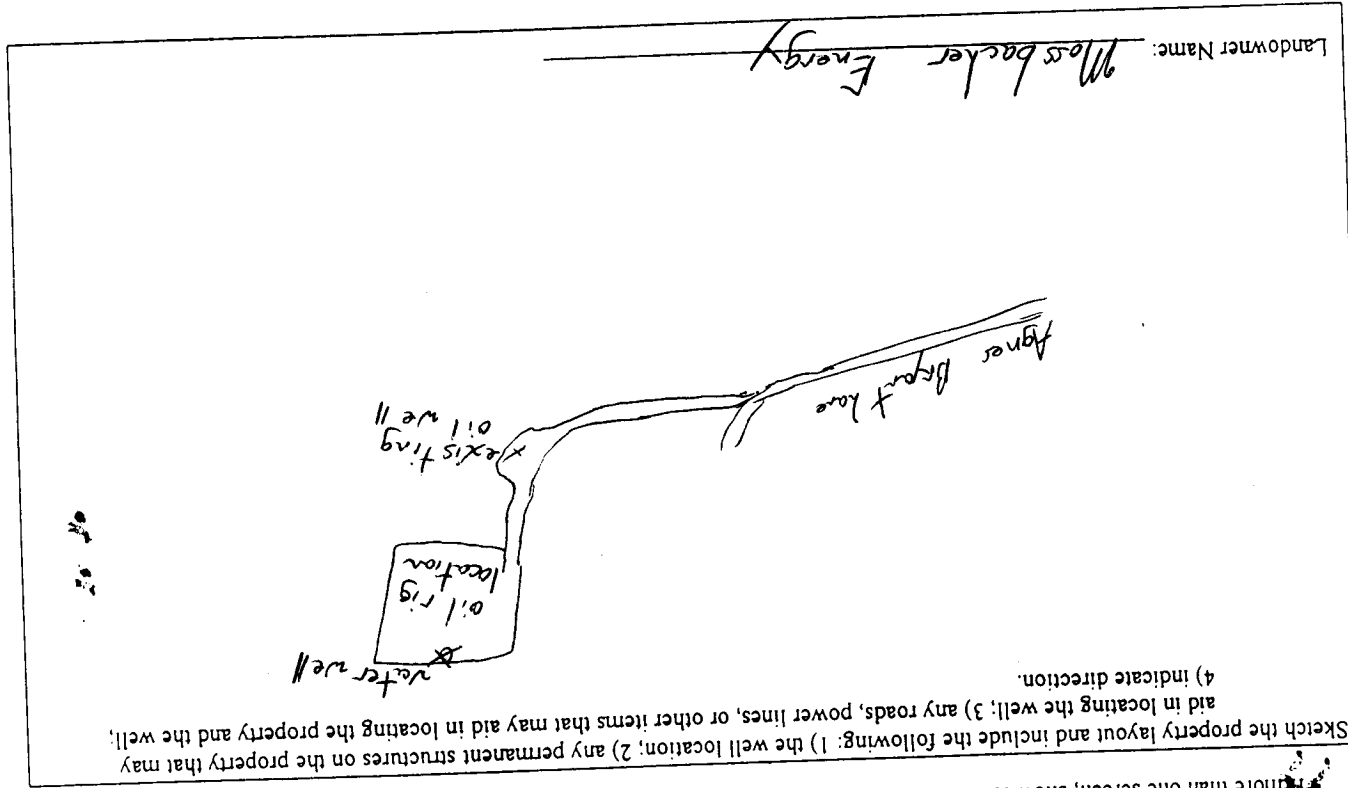
Name of organization running log(s): \_\_\_\_\_

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. Signature of Water Well Contractor

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BY: OLWR

Signature of Water Well Contractor  
*John M. Thompson*



more than one screen, show location of each on sketch

Ground Level	
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If well telescopes please sketch below and show depths.

Description of Formations Encountered	From	To
Clay	0	20
sand /	20	35
sand & gravel	35	110
sand & gravel	110	125
clay & gravel	125	125
sand / clay	125	200
sand / & pea gravel	200	244

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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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Covington  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date completed: 2-19-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: A-29  
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>Massbacher Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>712 Main St Suite 2200</u> <u>Houston TX 77002</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	____ 1/4 ____ 1/4 Sec <u>20</u> Twn <u>9N</u> Rng <u>17W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>W</u> of <u>Mt. Olive</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	<input 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 checked="" type="checkbox"/> Electric Motor <input 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     Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2</u>
Date Pump Installed: <u>2-21-06</u>	Setting Depth: <u>140</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>2-19-06</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>62</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>96</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>34</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>34</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)

John W Thompson  
Signature of Pump Installer

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FEB 27 2006  
BY: OLWR