

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: Covington
 Permit #: _____
 Driller: John W. Thompson
 Date drilling completed: 6-10-05

For Office Use Only:

Aquifer: _____
 Well #: G-49
 L. S. Elevation: _____
 E-log #: _____

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>Cimarex Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15 East 5th St Suite 1000</u> <u>Tulsa OK 74103</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>8N</u> Rng <u>15W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>NE</u> of Nearest Town <u>Collins</u>

Well Data

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

Date well drilling started: 6-9-05 Date well drilling completed: 6-10-05

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

Static Water Level: 69 feet above or below (circle one) land surface Date measured: 6-10-05

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

Hole depth: 203 Well depth: 200 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite _____ Mix _____

Casing length 180 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 180 feet to 200 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.

 Print Name of Water Well Contractor and License No. _____

 Signature of Water Well Contractor

RECEIVED
 JUN 17 2005
 BY: OLWF

RECEIVED

JUN 17 2005

BY: OLIVER
For Office Use Only:

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: Corington
 Permit #: _____
 Driller: John W. Thompson
 Date completed: 6-10-05

Aquifer: _____
 Well #: G-49
 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>Cimarex Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15 East 57 St Suite 1000</u>	Method of Lat/Long (circle one): Conventional Survey: _____
<u>Tulsa, OK 74103</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>8N</u> Rng <u>15E</u>
Telephone No. (_____) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>NE</u> of <u>Collins</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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</u>
Date Pump Installed: <u>6-13-05</u>	Setting Depth: <u>120</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>6-10-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>69</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>11</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>11</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
 Print Name of Pump Installer and License No. (if applicable)

 Signature of Pump Installer