

# 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)

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10-11-2021

BY OLWR

County: Covington  
Permit #: Travis West  
Driller: \_\_\_\_\_  
Date drilling completed: 8-27-2021

For Office Use Only:  
Well #: \_\_\_\_\_  
Aquifer: G 87  
E-Log #: \_\_\_\_\_

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Mosbacher Energy Co.</u>	Latitude: <u>31.6121548</u> Longitude: <u>-89.5342877</u>
Mailing Address: <u>712 Main St # 2200</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Houston TX 77002</u>	<u>SW 1/4 SW 1/4, Sec 32 T 8N R 15W</u>
City: _____ State: _____ Zip Code: _____	<u>2.2</u> Miles <u>SSE</u> of <u>Collins</u>
Telephone No. (____) <u>713 546-2500</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 8-27-2021 Date drilling completed: 8-27-2021 Hole depth: 320ft Hole diameter: 6 1/2in

Location of the source of any surface water used for drilling: Water in Dirt Pit on Location

Method of dosing and volume of Chlorine used in drilling and development: Tabs 50 PPM

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): Rig Supply

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

Static Water Level: 62 feet  above or  below land surface Date measured: 8-27-2021

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

Well depth: 320 Well grouted to a depth of: 20 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 290 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 255 feet to 285 feet

Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*



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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: Covington
Permit #:
Driller: Travis West
Date completed: 8-27-2021
Copy information from block on Part 1

For Office Use Only:
Well #:
Aquifer: 687

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: Mosbacher Energy Co, 712 Main St #2200, Houston TX 77002, 546-2500
Well Location: Latitude: 31.6121548, Longitude: -89.5342877, Method of Lat/Long: Conventional Survey, USGS quad SW 1/4 SW 1/4, Sec 33, T 8N, R 15W, 2.2 Miles SSE of Collins

Pump Type (check one): Turbine [checked], Air Lift, Centrifugal, Flowing Well, Jet, Piston, Rotary, Other
Date Pump Installed: 8-27-2021, Rated Pump Capacity: 50 Gallons Per Minute
Is This Pump (check one): New [checked], Repaired, Replacement

Power Type (check one): Diesel [checked], Gasoline, Natural Gas, Tractor PTO, Windmill, Other
Horse Power Rating of Motor: 5, Setting Depth: 240 feet, Number of Stages:

Pump Test Data for Non Flowing Well
Date Well Tested:
Duration of Pump Test (minimum 4 hours):
Static Water Level (A): Feet Below Land Surface, Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: Feet Below Land Surface, Test Pumping Rate: Gallons Per Minute
Method of measurement (check one): Steel tape, Electric tape, Air line, Other

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.
Travis West UNR: 00010622 9-1-2021
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer