

# 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)

County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date drilling completed: 10-22-04

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: 5-30 31  
 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>EOG Resources</u>	Latitude: <u>N 32° 62'</u> Longitude: <u>W 89° 35'</u>
Mailing Address: <u>6101 South Broadway</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Suite 200</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tyler TX 75701</u>	<u>SE 1/4 NE 1/4 Sec 27 Twn 7N Rng 16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>6</u> Miles <u>W</u> of <u>Seminary</u>

**Well Data**

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

Date well drilling started: 10-22-04 Date well drilling completed: 10-22-04

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 10-22-04

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 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 120 feet to 140 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 V. Thompson 0-0679  
 Print Name of Water Well Contractor and License No.

John W. Thompson  
 Signature of Water Well Contractor

RECEIVED  
 NOV 16 2004  
 BY: OLWR

If well telescopes please sketch below and show depths.

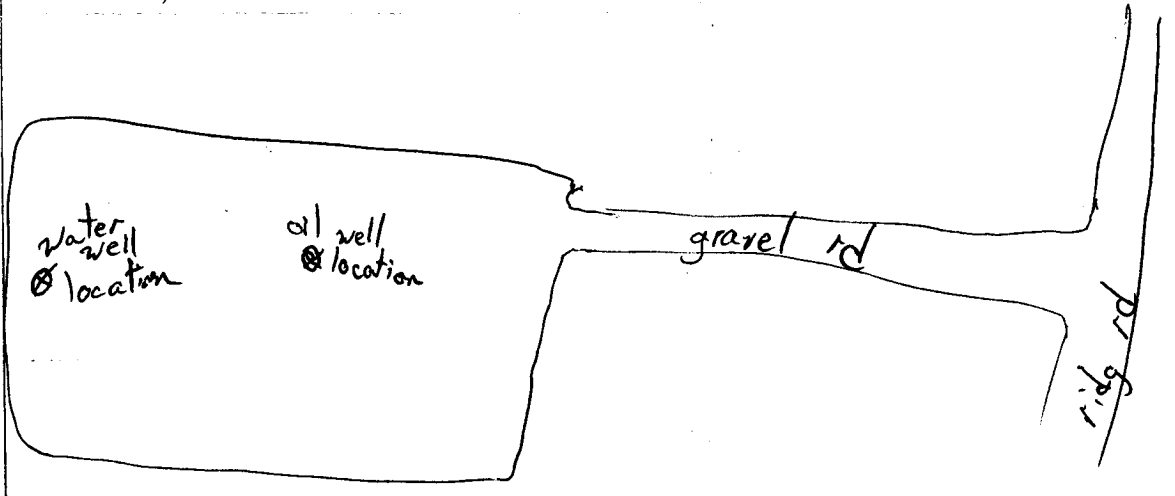
Ground Level

J-30

Description of Formations Encountered	From	To
Clay	0	30
med sand	30	100
coarse sand	100	140

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

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.



Landowner Name: Cimarex

John V. 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: Covington  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 10-22-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 25-30 31  
 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>EOB Resources</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6101 South Broadway</u> <u>Suite 200</u> <u>Tyler TX 75701</u> <small>City State Zip Code</small>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> ¼ <u>NE</u> ¼ Sec <u>27</u> Twn <u>7N</u> Rng <u>16W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>6</u> Miles <u>W</u> of <u>Seminary</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <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>10-25-04</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>10-22-04</u>	<u>Air Line</u> Electric Measuring Line              Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>600</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>10</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

NOV 16 2004  
 BY: OLWR