

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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: J-36  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Covington  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date drilling completed: 7-25-05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 90 days of completion of drilling of the well.

| Well Owner Information  |   | Well Location   |                              |
|---|---|---|------------------------------|
| Owner Name: <u>EOG Resources</u>  | Latitude: _____ Longitude: _____  | Method of Lat/Long (circle one): Conventional Survey. |                              |
| Mailing Address: <u>6101 South Broadway suite 200</u>   | USGS quad. Hand-held GPS. Survey-grade GPS  |   |                              |
| <u>Tyler TX</u>   | <u>N2 1/4 SW 1/4 Sec 23 Twn 7N Rng 16W</u>  |   |                              |
| City State Zip Code   | Distance <u>5</u> Miles   | Direction <u>W</u>                                    | Nearest Town <u>Seminary</u> |
| Telephone No. (____) _____  |   |   |                              |
| Well Data   |   |   |                              |
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>rig supply</u>   | Date well drilling started: <u>7-25-05</u> Date well drilling completed: <u>7-25-05</u>                   |   |                              |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____   | Static Water Level: <u>40</u> feet above or below (circle one) land surface Date measured: <u>7-26-05</u> |   |                              |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____  | Hole depth: <u>140</u> Well depth: <u>140</u> Well grouted to a depth of <u>20</u> feet                   |   |                              |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix   | Casing length <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>                 |   |                              |
| Screen length <u>20</u> feet Screen diameter: <u>4</u> inches   | Type of screen: <u>PVC slotted</u>  |   |                              |
| Screen slot size: <u>.020</u> inches  | Setting depth: From <u>120</u> feet to <u>140</u> feet  |   |                              |
| Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>   | 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): <u>No log run</u> 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. |   |   |                              |
| <u>John W. Thompson</u> <u>0-0679</u>   |   | <u>John W. Thompson</u>                               |                              |
| Print Name of Water Well Contractor and License No.   |   | Signature of Water Well Contractor                    |                              |

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BY: OLWR



# 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: 7-25-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: J-36  
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>EOG Resources</u>                     | Latitude: _____ Longitude: _____                            |
| Mailing Address: <u>601 South Broadway Suite 200</u> | Method of Lat/Long (circle one): Conventional Survey: _____ |
| <u>Tyler TX</u>                                      | USGS quad, Hand-held GPS, Survey-grade GPS                  |
| City State Zip Code                                  | <u>NW 1/4 SW 1/4 Sec 23 Twp 7N Rng 16W</u>                  |
| Telephone No. (_____) _____                          | Distance Direction Nearest Town                             |
|  | <u>5 Miles W of Seminary</u>                                |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u>                       | Diesel Engine Gasoline Engine Natural Gas <input type="radio"/>                    |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>           | <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>5</u>  |
| Date Pump Installed: <u>7-26-05</u>   | Setting Depth: <u>100</u> feet   |
| Rated Pump Capacity: <u>85</u> Gallons Per Minute                           | Number of Stages: _____  |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: _____                                    | Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>40</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>55</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: <u>15</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>15</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  
Print Name of Pump Installer and License No. (if applicable)

John W. Thompson  
Signature of Pump Installer

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