

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 #: J-37
L. S. Elevation: _____
E-log #: _____

County: Covington
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 10-19-05

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: _____ Longitude: _____
Mailing Address: <u>6101 South Broadway Suite 100</u> <u>Tyler TX</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>15</u> Twn <u>7N</u> Rng <u>16W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>W</u> of Nearest Town <u>Seminary</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: rig supply
Date well drilling started: 10-18-05 Date well drilling completed: 10-19-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 18 feet above or below (circle one) land surface Date measured: 10-19-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 160 Well depth: 160 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 140 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 140 feet to 160 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.

John W. Thompson
Signature of Water Well Contractor

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OCT 24 2005
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
clay	0	25
sand & clay	25	60
sand & pea gravel	60	160

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: EOG Resources

John W. 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)

For Office Use Only:

Aquifer: _____

Well #: J-37

Elevation: _____

County: Covington
Permit #: _____
Driller: John W. Thompson
Date completed: 10-19-05

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: _____	Latitude: _____ Longitude: _____
Mailing Address: <u>6101 South Broadway Suite 100</u> <u>Tyler TX</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>15</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>10-19-05</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 Circle one
Date Well Tested: <u>10-19-05</u>	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____
Static Water Level (A): <u>8</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>41</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>23</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>23</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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OCT 24 2005
BY: OLWR