

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-4C
L. S. Elevation: _____
E-log #: _____

County: Covington 03
Permit #: _____
Driller: _____
Date drilling completed: 1-18-06

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>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
	<u>Tyler TX</u>		_____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>7N</u> Rng <u>16W</u>		
	City	State	Zip Code		
Telephone No. ()	_____		Distance _____ Miles	Direction <u>✓</u>	Nearest Town <u>Seminary</u>

Well Data						
Purpose of Well (circle one)	Home	Industrial	Public Supply	Irrigation	Fish Culture	Other: <u>rig supply</u>
Date well drilling started:	<u>1-18-06</u>		Date well drilling completed:	<u>1-18-06</u>		
If flowing, method of flow regulation:	Valve _____	Other (describe) _____				
Static Water Level:	<u>39</u> feet above or below (circle one) land surface	Date measured:	<u>1-18-06</u>			
Method of Measurement (circle one)	steel tape	electric tape	<u>air line</u>	other: _____		
Hole depth:	<u>180</u>	Well depth:	<u>160</u>	Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one):	Cement	<u>Bentonite</u>	Mix			
Casing length:	<u>140</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>140</u> feet to <u>160</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.

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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FEB 06 2006
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)

For Office Use Only:

Aquifer: _____
 Well #: J-40
 Elevation: _____

County: Covington
 Permit #: _____
 Driller: John W. Thompson
 Date completed: 1-18-06

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 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>17</u> Twn <u>7N</u> Rng <u>16W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>8</u> Miles <u>W</u> of <u>Seminary</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>1-18-06</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>120</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-18-06</u>	<input checked="" type="checkbox"/> <u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>39</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>31</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>31</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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 BY: OLWR