

County: Covington
 Permit #: _____
 Driller: John W. Thompson
 Date drilling completed: 3-15-06

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-42
 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: _____ Longitude: _____
Mailing Address: <u>6101 South Broadway</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Suite 100</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: <u>Tyler TX</u> State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>7N</u> Rng <u>16W</u>
Telephone No. (_____) _____	Distance <u>5</u> 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: 3-15-06 Date well drilling completed: 3-15-06

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

Static Water Level: 13 feet above or below (circle one) land surface Date measured: 3-15-06

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

Hole depth: 155 Well depth: 150 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 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 130 feet to 150 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

RECEIVED
 MAR 29 2006
 BY: OLWR

J.

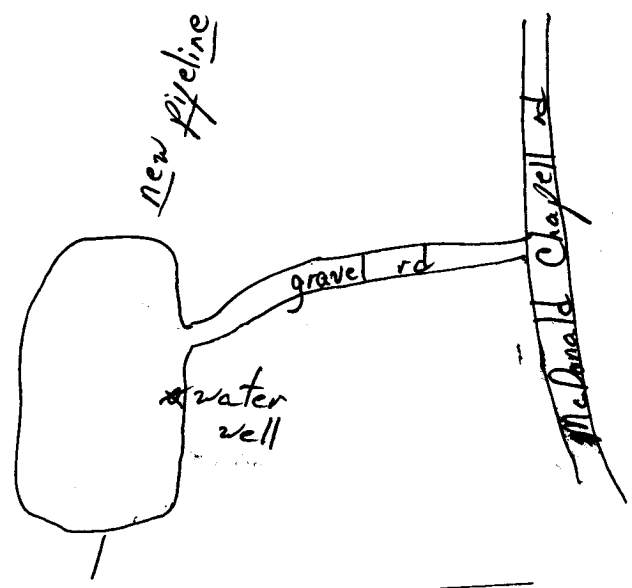
If well telescopes please sketch below and show depths

Ground Level

Description of Formations Encountered	From	To
Clay	0	25
sandy / clay	25	35
sand & clay	35	50
sand & peagravel	50	80
sandy clay	80	85
med sand	85	130
coarse sand	130	155

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: _____

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)

County: Covington
Permit #: _____
Driller: John W Thompson
Date completed: 3-15-06

For Office Use Only:
Aquifer: _____
Well #: J.42
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>6101 South Broadway</u> <u>Suite 100</u> <u>Tyler TX</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ____ 1/4 ____ 1/4 Sec <u>15</u> Twn <u>7N</u> Rng <u>16W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>5</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"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>5</u>
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary Date Pump Installed: <u>3-13-06</u>	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ Setting Depth: <u>60</u> feet
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well 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>3-16-06</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>13</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>34</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	Well yielded <u>110</u> GPM with a drawdown of
Test Pumping Rate: <u>110</u> Gallons Per Minute	<u>21</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

RECEIVED

MAR 29 2006

BY: OLWR