

# 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-44  
L.S. Elevation \_\_\_\_\_  
E-log # \_\_\_\_\_

County Covington  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date drilling completed: 5-12-06

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>EOB Resources</u>	Latitude: _____ Longitude: _____
Mailing Address <u>6101 S. Broadway</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey.
<u>suite 100</u>	<input type="checkbox"/> USGS quad. <input type="checkbox"/> Hand-held GPS. <input type="checkbox"/> Survey-grade GPS
<u>Tyler TX</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>7N</u> Rng <u>16W</u>
Telephone No. ( ) _____	Distance <u>8</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 <u>rig supply</u>	Date well drilling completed: <u>5-12-06</u>
Date well drilling started: <u>5-12-06</u>	Other (describe) _____
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Date measured: <u>5-12-06</u>
Static Water Level: <u>18</u> feet above or below (circle one) land surface	<b>RECEIVED</b>
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other _____	<b>MAY 17 2006</b>
Hole depth: <u>123</u> Well depth: <u>120</u> Well grouted to a depth of <u>20</u> feet	<b>BY: OLWR</b>
Type of grout (circle one) Cement <u>Bentonite</u> Mix	Type of casing: <u>PVC</u>
Casing length: <u>100</u> feet Casing diameter: <u>4</u> inches	Type of screen: <u>PVC Slotted</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches	Screen slot size: <u>.020</u> inches
Screen slot size: <u>.020</u> inches Setting depth: From <u>100</u> feet to <u>120</u> feet	Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page	Other (describe): _____
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



# 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 #: 5-44

Elevation: \_\_\_\_\_

County Covington  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date completed: 5-12-06

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>EOG Resources</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6101 S. Broadway suite 100</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 _____	_____ 1/4 _____ 1/4 Sec <u>20</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	Power Type		
Circle one	Circle one		
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket	<input checked="" type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Jet	<input type="checkbox"/> Turbine	<input type="checkbox"/> Other (specify): _____
Other (specify): _____	<input type="checkbox"/> Piston	<input type="checkbox"/> Flowing Well	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>5-12-06</u>	Setting Depth: <u>60</u> feet	Number of Stages: _____	
Rated Pump Capacity: <u>85</u> Gallons Per Minute			

Pump Test Data	Method of Measuring Water Level		
Circle one	Circle one		
Date Well Tested: <u>5-12-06</u>	<input checked="" type="checkbox"/> Air Line	<input type="checkbox"/> Electric Measuring Line	<input type="checkbox"/> Steel Tape
Static Water Level (A): <u>18</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>25</u> Feet Below Land Surface			
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Test Pumping Rate: <u>100</u> Gallons Per Minute	Well yielded <u>100</u> GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>7</u> feet after <u>4</u> hours of pumping		

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  
MAY 17 2006  
BY: OLWR