

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-52
L. S. Elevation: _____
E-log #: _____

County: COVINGTON
Permit #: _____
Driller: _____
Date drilling completed: 10/20/06

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 S. BROADWAY/ STE 200</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>TYLER TX, 75701</u>	_____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>7N</u> Rng <u>16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>4</u> Miles <u>SW</u> of <u>SEMINARY</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: RIG SUPPLY

Date well drilling started: 10/20/06 Date well drilling completed: 10/20/06

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

Static Water Level: 30 feet above or (below) (circle one) land surface Date measured: 10/20/06

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement (Bentonite) Mix

Casing length: 120 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 120 feet to 140 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.

THOMPSON BROTHERS DRILLING, INC.

Print Name of Water Well Contractor and License No. 0-624

J.P. Thompson
Signature of Water Well Contractor

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NOV 17 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)

County: COVINGTON
Permit #: _____
Driller: _____
Date completed: 10/20/06

For Office Use Only:

Aquifer: _____
Well #: J-52
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 S. BROADWAY</u> <u>STE. 200</u> <u>TYLER TX 75701</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	_____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>7N</u> Rng <u>16W</u>
	Distance Direction Nearest Town <u>4</u> Miles <u>SW</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): _____ Date Pump Installed: <u>10/20/06</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>80</u> feet Number of Stages: _____
<input checked="" type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input checked="" type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/20/06</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>30</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.

T.P. THOMPSON 0-624 J.P. Thompson
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY: OLWR