

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-53
L. S. Elevation: _____
E-log #: _____

County: COVINGTON
Permit #: _____
Driller: _____
Date drilling completed: 11/7/06

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</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 <u>1/4 1/4 Sec 20 Twn 7N Rng 16W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3 Miles W of SEMINARY</u>

Well Data

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

Date well drilling started: 11/7/06 Date well drilling completed: 11/7/06

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

Static Water Level: 36 feet above or below (circle one) land surface Date measured: 11/7/06

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

Hole depth: 123 Well depth: 120 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: P.V.C.

Screen length: 20 feet Screen diameter: 4 inches Type of screen: P.V.C. SLOTTED

Screen slot size: .020 inches Setting depth: From 100 feet to 120 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.

J.D. JONES
J.P. THOMPSON 0-624
Print Name of Water Well Contractor and License No.

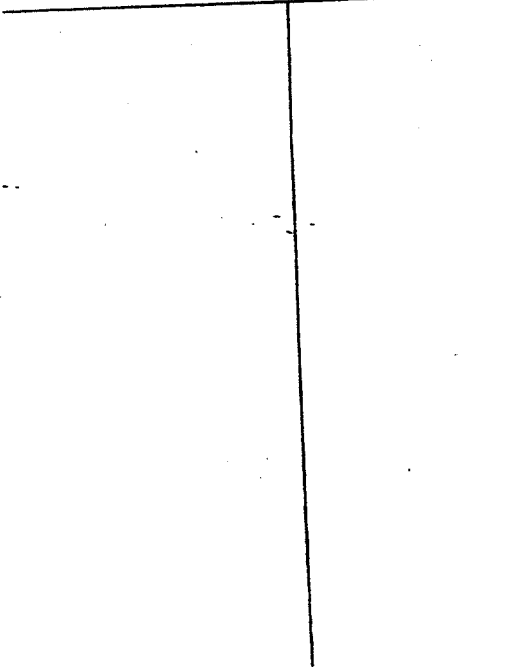
J.P. Thompson
Signature of Water Well Contractor

THOMPSON BROTHERS

NOV 17 2006
BY: OLWR

If well telescopes please sketch below and show depths.

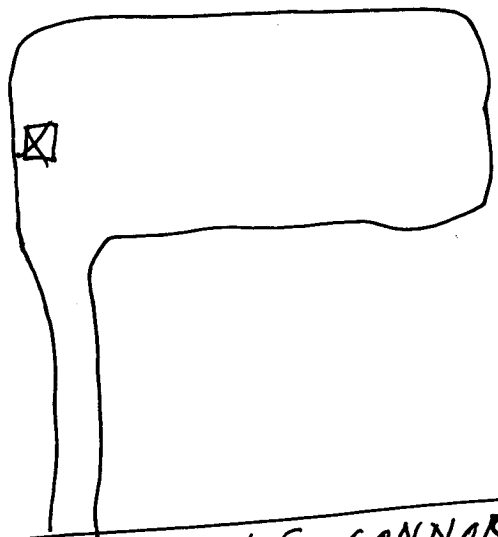
Ground Level



Description of Formations Encountered	From	To
CLAY	0	20
SAND & GRAVEL	20	123

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.



SEMINARY MIKE CONNOR RD.

Landowner Name:

EOG RESOURCES

J.P. 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: _____
Date completed: 11/7/06

For Office Use Only:
Aquifer: _____
Well #: J-53
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>E.O.G. 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 ____ 1/4 ____ 1/4 Sec <u>20</u> Twn <u>7N</u> Rng <u>16W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</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 Other (specify): _____ Date Pump Installed: <u>11/7/06</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>70</u> feet Number of Stages: _____
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand Other (specify): _____
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/7/06</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>36</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>54</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>18</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of <u>18</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>80</u> Gallons Per Minute	
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.

J-D. JONES
J-P. THOMPSON 0-624
Print Name of Pump Installer and License No. (if applicable)

J.P. Thompson
Signature of Pump Installer

RECEIVED
NOV 17 2006
BY: OLWR