

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 #:	<u>J-62</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>Covington</u>
Permit #:	_____
Driller:	<u>John W Thompson</u>
Date drilling completed:	<u>7-5-07</u>

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 suite 100 Tyler TX 75701</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>16</u> Twn <u>7N</u> Rng <u>16W</u>	
Telephone No. () _____		Distance _____ 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 started:	<u>7-5-07</u>	Date well drilling completed:	<u>7-5-07</u>
If flowing, method of flow regulation:	Valve _____ Other (describe) _____		
Static Water Level:	<u>2</u> feet above or below (circle one) land surface	Date measured:	<u>7-5-07</u>
Method of Measurement (circle one):	steel tape <u>electric tape</u> air line other: _____		
Hole depth:	<u>100</u> Well depth: <u>100</u> Well grouted to a depth of <u>20</u> feet		
Type of grout (circle one):	Cement <u>Bentonite</u> Mix		
Casing length:	<u>80</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>80</u> feet to <u>100</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. Signature of Water Well Contractor

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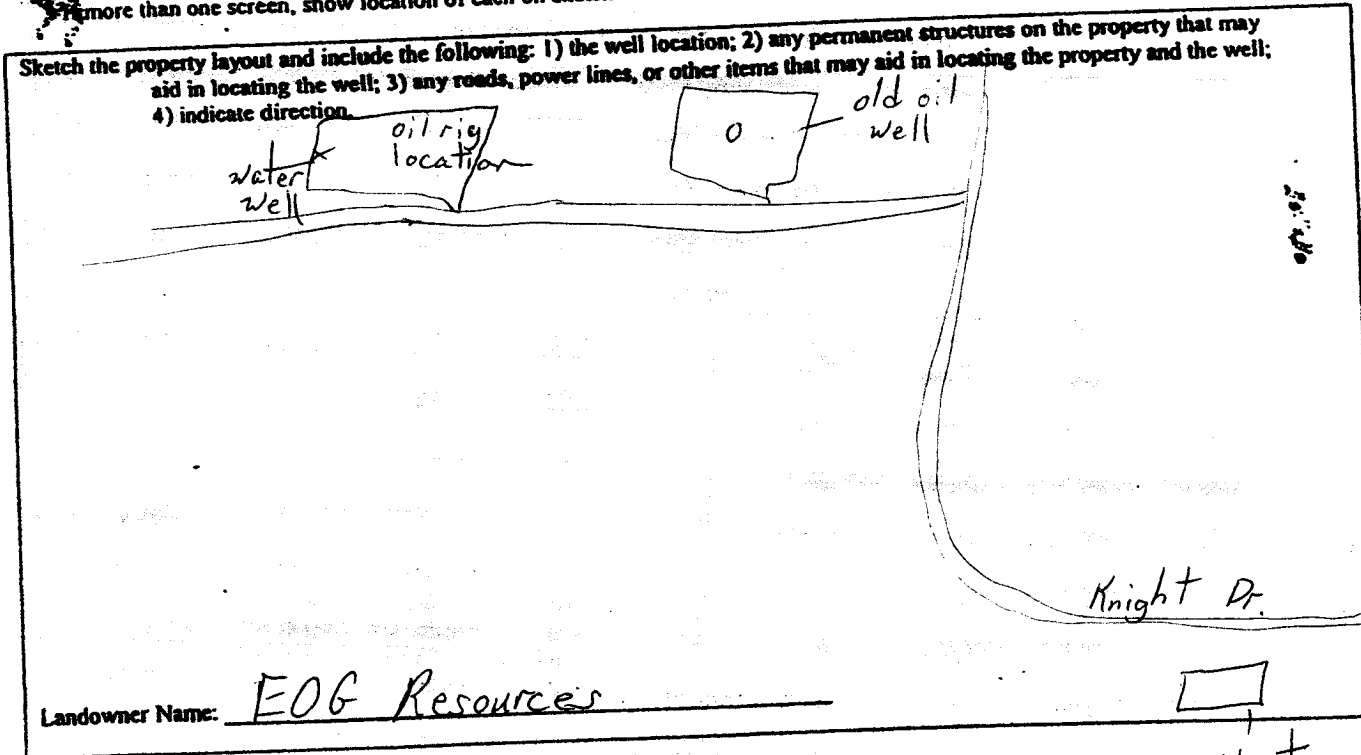
J-

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
clay	0	12
sand	12	97
clay	97	100

If more than one screen, show location of each on sketch



Landowner Name: EOG Resources

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 #: J-62

Elevation: _____

County: Covington
 Permit #: _____
 Driller: John W Thompson
 Date completed: 7-5-07

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>E06 Resources</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>601 S Broadway suite 100</u> <u>Tyler TX 75701</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>16</u> Twn <u>7N</u> Rng <u>16W</u>
Telephone No. () _____	Distance: _____ Miles Direction: _____ Nearest Town: _____
	<u>6</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>7-5-07</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>80</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-5-07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>2</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>46</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>44</u> Feet Below Land Surface	<u>44</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>100</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.

John W Thompson 0-679 John W Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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