

Shelley 24-8 #1 well #1

# 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 #: B161  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Forrest  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 7-21-09

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>Puet Production</u>	Latitude: <u>31° 22' 50"</u> Longitude: <u>89° 15' 03"</u>
Mailing Address: <u>217 W Capital St</u> <u>Jackson MS 39201</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 Sec 24 Twn 5N Rng 13W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>2 Miles N of Petal</u>
Telephone No. ( ) _____	

**Well Data**

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

Date well drilling started: 7-19-09 Date well drilling completed: 7-21-09

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

Static Water Level: 148' feet above or below (circle one) land surface Date measured: 7-21-09

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

Hole depth: 463 Well depth: 460 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 420 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .010 + .020 inches Setting depth: From .010 (420-440) feet to .020 (440-460) 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

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BY: OLWR

B161

If well telescopes please sketch below and show depths.

Ground Level


Description of Formations Encountered	From	To
clay	0	15
sand	15	40
sand & pea gravel	40	80
sandy clay	80	155
sand & clay strips	155	210
clay	210	260
clay & sand strips	260	280
clay	280	310
clay & few sand strips	310	340
clay & sand strips	340	360
good sand	360	440
poor sand & clay strip	440	460

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.

The sketch shows a rectangular property boundary. On the right side, there is a vertical line representing a road labeled "Lynn Kay rd". At the bottom right corner, there is a point labeled "Petal". On the left side, there is a rectangular area labeled "oil field location". Inside this area, there are two 'x' marks representing well locations. The top one is labeled "w.w. #1 / this report" and the bottom one is labeled "w.w. #2". A north arrow is drawn in the upper right corner of the sketch.

Landowner Name: Pruet Production

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 #: B161  
 Elevation: \_\_\_\_\_

County: Forrest  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 7-21-09  
*Copy information from block on Part 1*

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Pruet Production</u>	Latitude: <u>31-22-50</u> Longitude: <u>89-15-03</u>
Mailing Address: <u>217 W Capital St</u> <u>Jackson MS 39201</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW 1/4 SE 1/4 Sec 24 T 5N R 13W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>2 Miles N of Petal</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>7-21-09</u>	Setting Depth: <u>220</u> feet
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>7-21-09</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>148</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>155</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of
Test Pumping Rate: <u>90</u> Gallons Per Minute	<u>14</u> feet after <u>14</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                      John W Thompson  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

Form: OLWR-SWR-1B

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