

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: F-78

Well #: F-78

L. S. Elevation _____

E-log #: _____

County: Hinds

Permit #: _____

Driller: John W Thompson

Date drilling completed: 8-3-06

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
Owner Name: Pioneer Resources
Mailing Address: 5705 Ocean Blvd suite 200
Irving TX
City _____ State _____ Zip Code _____
Telephone No. (____) _____

Well Location
Latitude: 32.21.40 " Longitude: 90.26.45 "
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec 18 Twn 6N Rng 2W
Distance _____ Miles Direction E of Bolton Nearest Town

Well Data
Purpose of Well (circle one) Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____
Date well drilling started: 8-1-06 Date well drilling completed: 8-3-06

If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 8-3-06

Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other: _____
Hole depth: 260 Well depth: 200 Well grouted to a depth of 20 feet

Type of grout (circle one) Cement _____ Bentonite _____ Mix _____
Casing length: 170 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 80 feet Screen diameter: 4 inches Type of screen: PVC slotted
Screen slot size: .008 inches Setting depth: From 120 feet to 200 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

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If well telescopes please sketch below and show depths

Ground Level

Description of Formations Encountered	From	To
clay	0	81
clay & rock strips	81	120
rock & sand strips	120	200
blue clay	200	260

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 property layout with several features:

- A vertical line on the left is labeled "Bottom Exit".
- A horizontal line is labeled "Service rd".
- Below the service road, a horizontal line is labeled "I 20".
- A box on the right contains the text "oil rig location".
- A cross symbol is labeled "water well".

Landowner Name: Pioneer Resources

John W. [Signature]
 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 #: F-78

Elevation: _____

County Hinds
Permit # _____
Driller John W Thompson
Date completed 8-3-06

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>Pioneer Resources</u>	Latitude: _____	Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, -USGS quad, Hand-held GPS, Survey-grade GPS		
Mailing Address: <u>5205 O'Connor Blvd suite 200 Irving TX</u>	_____ 1/4 _____ 1/4 Sec <u>18</u> Twn <u>6N</u> Rng <u>2E</u>	Distance _____ Direction _____ Nearest Town _____			
City _____ State _____ Zip Code _____	<u>1</u> Miles <u>E</u> of <u>Bolton</u>				
Telephone No. (____) _____					

Pump Type Circle one			Power Type Circle one		
<input type="checkbox"/> Air Lift	Jet	<input checked="" type="checkbox"/> Submersible	<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket	Piston	<input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PT.
<input type="checkbox"/> Centrifugal	Rotary	<input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>5</u>	Setting Depth: <u>160</u> feet	
Date Pump Installed: <u>8-3-06</u>			Number of Stages: _____		
Rated Pump Capacity: <u>35</u> Gallons Per Minute					

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>8-3-06</u>	Air Line	<input checked="" type="checkbox"/> Electric Measuring Line	<input type="checkbox"/> Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: 120 <u>120</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of <u>120</u> feet after <u>4</u> hours of pumping		
Test Pumping Rate: <u>45</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
Print Name of Pump Installer and License No. (if applicable) John W Thompson
Signature of Pump Installer

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AUG 09 2006
BY: OLWF