

# State Well Report

Part I

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 #: M-18  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County Jasper  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 7-12-06

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>Eland Energy</u>	Latitude: _____	Longitude: _____
Mailing Address	<u>2 Galleria Trl 1455 Abel Rd Suite 2000 Dallas TX 75240</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	<u>Dallas TX 75240</u>	Distance	Direction
State	<u>TX</u>	<u>7</u> Miles	<u>N</u> of <u>Heidelberg</u>
Zip Code	<u>75240</u>	1/4 Sec	Twn
Telephone No. ( )	_____	<u>29</u>	<u>2N Rng 13E</u>

**Well Data**

Purpose of Well (circle one) Home  Industrial  Public Supply  Irrigation  Fish Culture  Other Rig Supply

Date well drilling started: 7-10-06 Date well drilling completed: 7-12-06

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

Static Water Level: 227 feet above or below (circle one) land surface Date measured: 7-12-06

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

Hole depth: 522 Well depth: 515 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 455 feet Casing diameter: 4 inches Type of casing: PVC slotted

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .008 + .010 inches Setting depth: From 455 feet to 515 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: \_\_\_\_\_

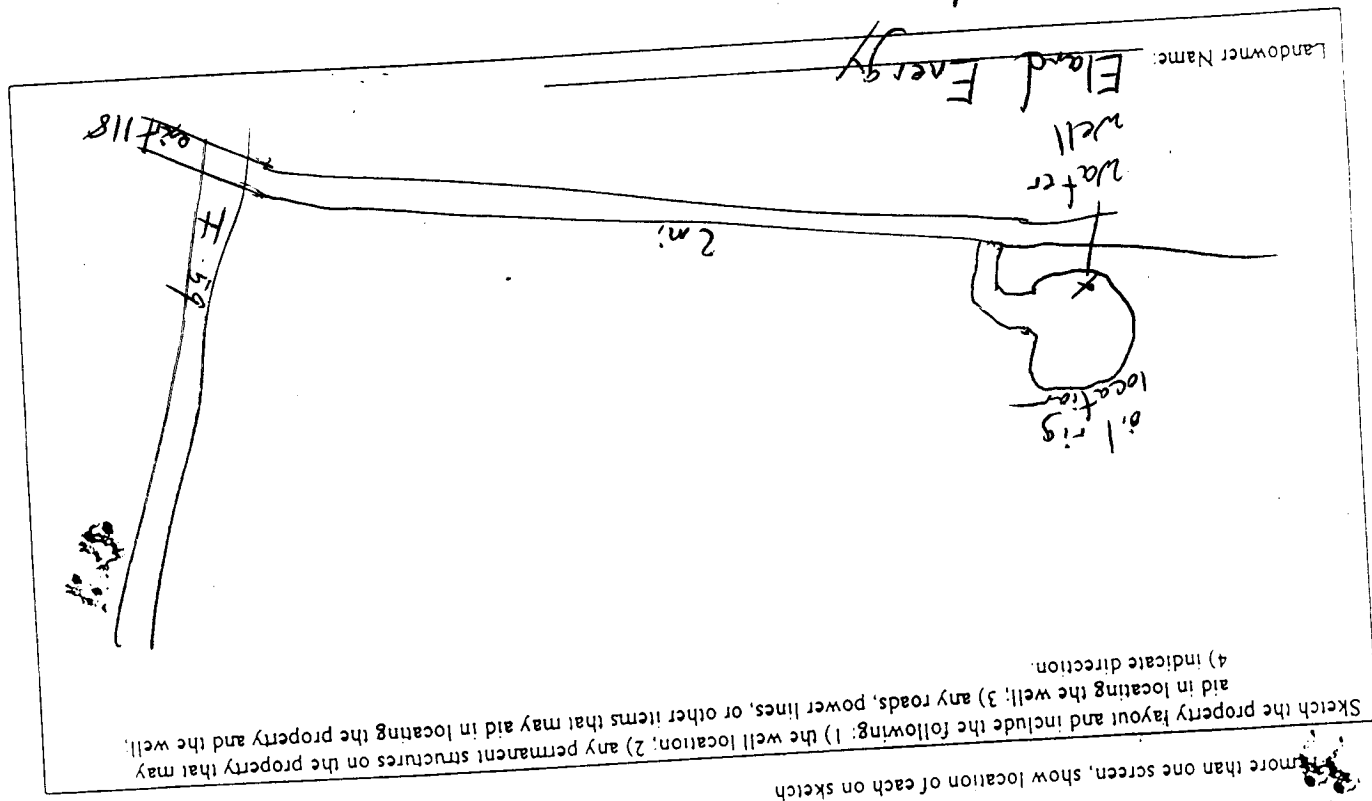
Name of organization running log(s): \_\_\_\_\_

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. Signature of Water Well Contractor

**RECEIVED**  
AUG 09 2006  
BY: OLWR

Signature of Water Well Contractor  
John W. Thompson



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

If well telescopes please sketch below and show depths

From	To	Description of Formations Encountered
0	30	sand
30	400	blue clay
400	440	clay + fine sand
440	490	sand / clay strips
490	500	sand
500	515	clay
515	522	clay

M-

# 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 #: M-18

Elevation: \_\_\_\_\_

County Jasper

Permit #: \_\_\_\_\_

Driller John W Thompson

Date completed 7-12-06

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>Eland Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2 Galleria Trl 1453 Adel Rd</u> <u>suite 2000</u> <u>Dallas TX 75240</u>	Method of Lat/Long (circle one): Conventional Survey. - USGS quad, Hand-held GPS, Survey-grade GPS ____ 1/4 ____ 1/4 Sec <u>29</u> Twn <u>2N</u> Rng <u>13E</u>
Telephone No. (____) _____	Distance <u>7</u> Miles Direction <u>N</u> of Nearest Town <u>Heidelberg</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"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>7-14-06</u>	Setting Depth: <u>280</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-12-06</u>	Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>227</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>242</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>15</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.

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

Signature of Pump Installer John W Thompson

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AUG 09 2006

BY: OLWR