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)

County: JEFFERSON DAVIS
Permit #:
Driller: J.P. THOMPSON
Date drilling completed: 12/20/06

For Office Use Only:
Aquifer:
Well #: A-92
L. S. Elevation:
E-log #:

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: WILL DRILL PRODUCTION
Mailing Address: 416 TRAVIS ST STE 1200
SHREVEPORT LA, 71101
City State Zip Code
Telephone No. (318) 222-7464

Well Location

Latitude: 31 ° 43 ' 29 " Longitude: 89 ° 55 ' 29 "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE ¼ NE ¼ Sec 29 Twn 9N Rng 19W
Distance 9 Miles Direction N of Nearest Town PRENTISS

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: RIG SUPPLY
Date well drilling started: 12/19/06 Date well drilling completed: 12/20/06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 77' feet above or (below) (circle one) land surface Date measured: 12/20/06
Method of Measurement (circle one) steel tape electric tape (air line) other: _____
Hole depth: 183 Well depth: 180 Well grouted to a depth of 20 feet
Type of grout (circle one): Cement (Bentonite) Mix
Casing length: 160 feet Casing diameter: 4" inches Type of casing: P.V.C.
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC SLOTTED
Screen slot size: .020 inches Setting depth: From 160 feet to 180 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.P. THOMPSON 0-624
Print Name of Water Well Contractor and License No.

J.P. Thompson
Signature of Water Well Contractor

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BY: OLWR

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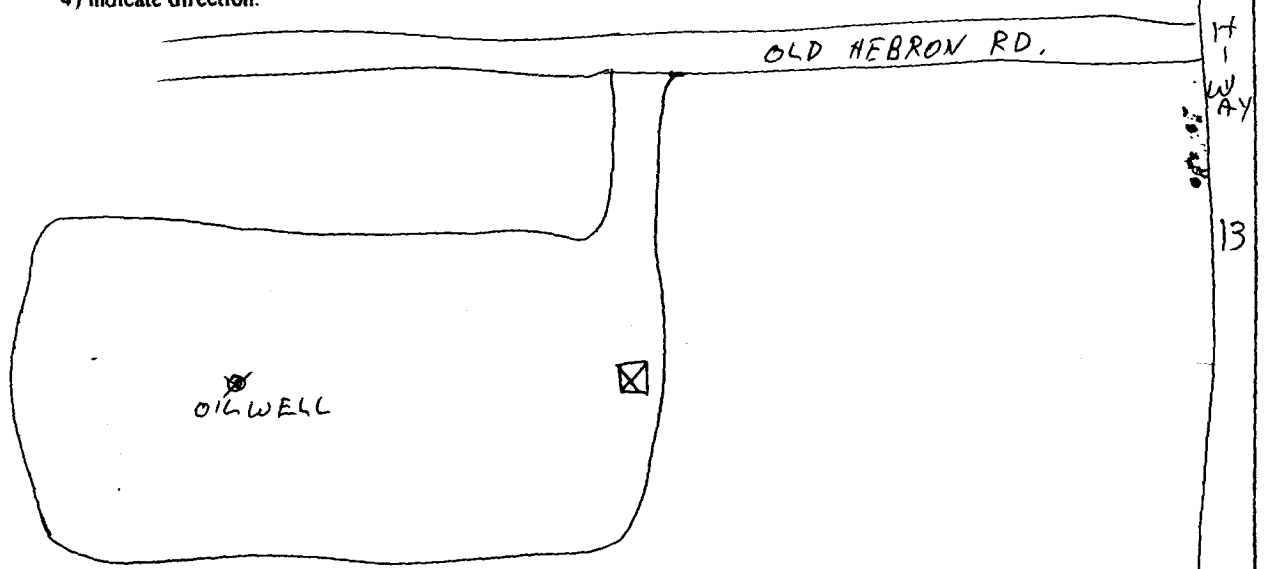
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
CLAY	0	20
SAND	20	35
GRAVEL	35	45
SAND & GRAVEL	45	183

If 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.



Landowner Name: WILL DRILL PRODUCTION

L.P. Thompson

Signature of Water Well Contractor

STATE WELL REPORT
Part 2

County: JEFFERSON DAVIS
Permit #: _____
Driller: J.P. THOMPSON
Date completed: 12/21/06

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 #: A-92
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

Owner Name: WILL DRILL PRODUCTION
Mailing Address: 416 TRAVIS ST.
STE. 1200
SHREVEPORT LA. 71101
City State Zip Code

Telephone No. (318) 222-7464

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
____ ¼ ____ ¼ Sec 29 Twn 9N Rng 19W
Distance 9 Miles Direction N of Nearest Town PRENTISS

Pump Type
Circle one

Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify): _____
Date Pump Installed: 12/21/06
Rated Pump Capacity: 85 Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
(Electric Motor) | Hand | Tractor PTO
Windmill | Other (specify): _____
Horse Power Rating of Motor: 5
Setting Depth: 100 feet
Number of Stages: _____

Pump Test Data

Date Well Tested: 12/21/06
Static Water Level (A): 77 Feet Below Land Surface
Pumping Water Level (B): 90 Feet Below Land Surface
Drawdown [(B) – (A)]: 13 Feet Below Land Surface
Test Pumping Rate: 95 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line | (Electric Measuring Line) | Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 95 GPM with a drawdown of 13 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

J.P. THOMPSON
Print Name of Pump Installer and License No. (if applicable)

J.P. Thompson
Signature of Pump Installer

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JAN 19 2007
BY: OLWR