

Rutland 29-1

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)

County: Jeff Davis
 Permit #: _____
 Driller: John W. Thompson
 Date drilling completed: 1-8-07

For Office Use Only:
 Aquifer: _____
 Well #: G-42
 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 | Well Location |
|--|--|
| Owner Name: <u>EOB Resources</u> | Latitude: <u>31.32.49</u> Longitude: <u>89.37.25</u> |
| Mailing Address: <u>6101 S Broadway Suite 200</u> <u>Tyler TX 75701</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| City: _____ State: _____ Zip Code: _____ | USGS quad, Hand-held GPS, Survey-grade GPS |
| Telephone No. () _____ | <u>NE 1/4 NE 1/4 Sec 29 Twn 7N Rng 16W</u> |
| | Distance: <u>8</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Barfield</u> |

Well Data

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

Date well drilling started: 1-8-07 Date well drilling completed: 1-8-07

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

Static Water Level: 0 feet above or below (circle one) land surface Date measured: 1-8-07

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .020 inches Setting depth: From 80 feet to 100 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

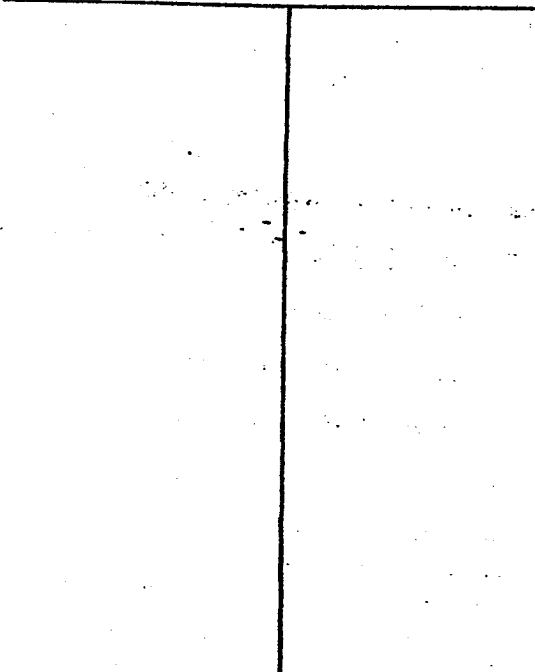
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BY: OLWR

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If well telescopes please sketch below and show depths.

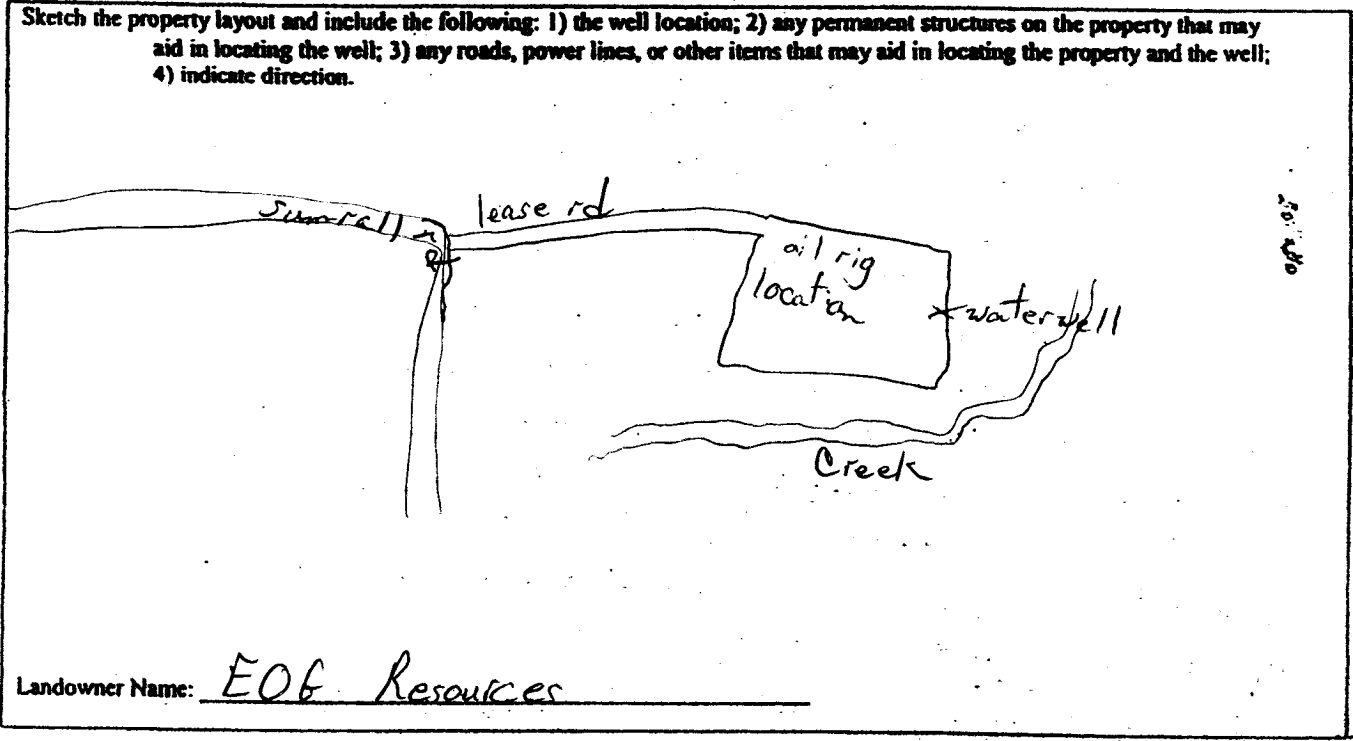
Ground Level



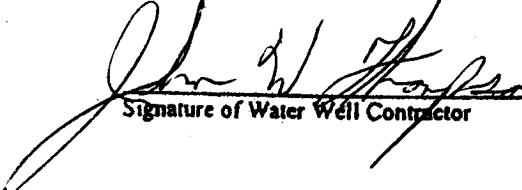
| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| fin sand | 0 | 25 |
| sandy clay | 35 | 40 |
| sand | 40 | 100 |
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If more than one screen, show location of each on sketch

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: EOG Resources


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)

County: Jeff Davis
Permit #: _____
Driller: John W Thompson
Date completed: 1-8-07

For Office Use Only:
Aquifer: _____
Well #: G-42
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 | Well Location |
|--|---|
| Owner Name: <u>EOB Resources</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>6101 S Broadway suite 200</u> <u>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>29</u> Twn <u>7N</u> Rng <u>16W</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>NE</u> of <u>Basfield</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"/> Other (specify): _____ | <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>5</u> |
| <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well | <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ Setting Depth: <u>80</u> feet |
| Date Pump Installed: <u>1-8-07</u> | Number of Stages: _____ |
| Rated Pump Capacity: <u>85</u> Gallons Per Minute | |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>1-8-07</u> | <input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape |
| Static Water Level (A): <u>0</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>24</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface | Well yielded <u>100</u> GPM with a drawdown of |
| Test Pumping Rate: <u>100</u> Gallons Per Minute | <u>24</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.

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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