

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 #: H-110
L. S. Elevation: _____
E-log #: _____

County: Jefferson Davis
Permit #: _____
Driller: Thompson Brothers
Date drilling completed: 6/22/06

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>Cinacox Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15E 5th St</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Suite 1000</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Tulsa OK 74103</u>	<u>1/4</u> <u>1/4</u> Sec <u>4</u> Twn <u>4N</u> Rng <u>19W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601-792-9399</u>	<u>5</u> Miles <u>SW</u> of <u>Prentiss</u>

Well Data

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

Date well drilling started: 6/22/06 Date well drilling completed: 6/22/06

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 6/22/06

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

Hole depth: 153' Well depth: 150' Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 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: 0.020 inches Setting depth: From 130' feet to 150' 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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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	5
sand	5	30
sand (good)	30	35
peg gravel + sand (good)	35	55
clay + sand (good)	55	90
sand	90	120
sand (good)	120	150

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.

Reserve Pit
Mats
Ditch
Baker lane

Landowner Name: _____

J.P. 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)

County: Jefferson Davis
 Permit #: _____
 Driller: _____
 Date completed: 6/22/04

For Office Use Only:

Aquifer: _____
 Well #: H-110
 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>Limrex Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>152 5th St</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ste 1000</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tulsa OK 74103</u>	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>4N</u> Rng <u>19W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 792 9399</u>	<u>6</u> Miles <u>SW</u> of <u>Prentiss</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Diesel Engine
<input type="checkbox"/> Bucket	<input checked="" type="checkbox"/> Electric Motor
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Gasoline Engine
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Hand
Date Pump Installed: <u>6/22/04</u>	<input type="checkbox"/> Natural Gas
Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Tractor PTO
<input checked="" type="radio"/> Submersible	Windmill Other (specify): _____
<input type="radio"/> Jet	Horse Power Rating of Motor: <u>5</u>
<input type="radio"/> Piston	Setting Depth: <u>120</u> feet
<input type="radio"/> Turbine	Number of Stages: _____
<input type="radio"/> Rotary	
<input type="radio"/> Flowing Well	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/22/04</u>	<input type="checkbox"/> Air Line
Static Water Level (A): <u>55</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>44</u> Feet Below Land Surface	<input type="checkbox"/> Steel Tape
Drawdown [(B) - (A)]: <u>11</u> Feet Below Land Surface	Other (specify): <u>Well Sounder</u>
Test Pumping Rate: <u>80</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>90</u> GPM with a drawdown of
	<u>11</u> feet after <u>4</u> hours of pumping

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

J.P. THOMPSON 0-624 J.P. Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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