

500 FSL + 1000 FWL

# 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 #: J-68  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jeff Davis  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date drilling completed: 4-18-05

Thompson Bros. Water Well Service

State Law requires that this report be prepared by the driller in detail and filed with the Department within 90 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Cimarex Energy</u>	Latitude: <u>31° 29' 37"</u> Longitude: <u>89° 48' 16"</u>
Mailing Address: <u>15 East 5th St Suite 1000</u> <u>Tulsa OK 74103</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SW 1/4 Sec 10 Twn 6 N Rng 18 W</u>
Telephone No. ( ) _____	Distance: <u>3</u> Miles Direction: <u>W</u> of Nearest Town: <u>Basfield</u>

Well Data

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

Date well drilling started: 4-18-05 Date well drilling completed: 4-18-05

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

Static Water Level: 140 feet above or below (circle one) land surface Date measured: 4-18-05

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

Hole depth: 363 Well depth: 360 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 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 340 feet to 360 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 0-0679  
Print Name of Water Well Contractor and License No.

John W. Thompson  
Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

J-68

Ground Level

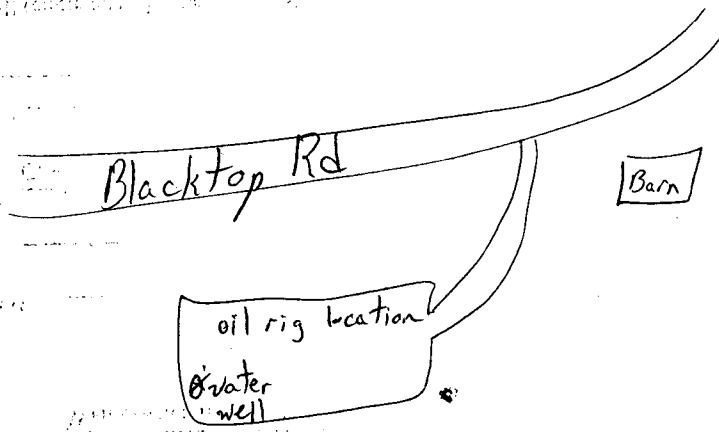
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
red sand & clay	0	20
sand & gravel	20	63
clay	63	80
sand & clay	80	105
clay	105	230
fine sand & clay	230	250
good sand	250	350
pea gravel	350	363

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: Cimarex Energy

John W. 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: Jeff Davis  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date completed: 4-18-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: J-68  
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>Cimarex Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15 East 5th St Suite 1000</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Tulsa OK 74103</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>6N</u> Rng <u>18W</u>
Telephone No. (_____) _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>W</u> of <u>Bassfield</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>4-19-05</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-18-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>10</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>10</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 0-0679 John W Thompson  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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