

Bassfield

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 #: J-26
L.S. Elevation: _____
E-log #: _____

County: Jeff Davis
Permit #: _____
Driller: John W Thompson
Date drilling completed: 5-1-06

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>Cimalex</u>	Latitude: <u>31° 29' 38"</u> Longitude: <u>89° 50' 03"</u>
Mailing Address: <u>15 E. 57th st suite 1000</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>Tuba OK 74103</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SW 1/4 Sec 8 Twn 6N Rng 18W</u>
Telephone No. (____) _____	Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____

Well Data

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

Date well drilling started: 5-1-06 Date well drilling completed: 5-1-06

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

Static Water Level: 98' feet above or below (circle one) land surface Date measured: 5-1-06

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement _____ Bentonite Mix _____

Casing length: 200 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 200 feet to 220 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

RECEIVED
JUN 01 2006
BY: OLWR

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 # J-76

Elevation _____

County Jeff Davis

Permit # _____

Driller John W. Thompson

Date completed 5-1-06

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>Cimarex</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15 E. 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>8</u> Twn <u>6N</u> Rng <u>10W</u>
Telephone No () _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>W</u> of <u>Bassfield</u>

Pump Type	Power Type		
Circle one	Circle one		
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket	<input type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Windmill	<input type="checkbox"/> Other (specify) _____	
Other (specify) _____	Horse Power Rating of Motor <u>7 1/2</u>	Setting Depth: <u>200</u> feet	
Date Pump Installed: <u>5-1-06</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>5-1-06</u>	<input checked="" type="checkbox"/> Air Line	<input type="checkbox"/> Electric Measuring Line	<input type="checkbox"/> Steel Tape
Static Water Level (A): <u>98</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>168</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>70</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of		
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>70</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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JUN 01 2006
BY: OLWR