

Merlot #2

# 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: 2-20-08

Per Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: J-89  
 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>Cimarex</u>	Latitude: <u>31° 28' 45"</u> Longitude: <u>89° 48' 20"</u>
Mailing Address: <u>15 East 5th st ste 1000</u> <u>Tulsa OK 74103</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW ¼ SW ¼ Sec 15 Twn 6N Rng 18W</u>
Telephone No. ( ) _____	Distance: <u>4</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Bassfield</u>

**Well Data**

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

Date well drilling started: 2-15-08 Date well drilling completed: 2-20-08

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

Static Water Level: 133 feet above or below (circle one) land surface Date measured: 2-20-08

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

Hole depth: 330 Well depth: 315 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 280 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 35 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 280 feet to 315 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  
 MAR 11 2008  
 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 18631  
 Jackson, MS 39218-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-89  
 Elevation: \_\_\_\_\_

County: Jeff Davis  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 2-20-08

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> Mailing Address: <u>15 E 5th St Ste 1000</u> <u>Tulsa OK 74103</u> City: _____ State: _____ Zip Code: _____ Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> _____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>6N</u> Rng <u>18W</u> Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>SW</u> of <u>Basfield</u>

Pump Type Circle one	Power Type Circle one
Jet <input type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>2-20-08</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>7 1/2</u> Soring Depth: <u>180</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-20-08</u> Static Water Level (A): <u>133</u> Feet Below Land Surface Pumping Water Level (B): <u>137</u> Feet Below Land Surface Drawdown (B)-(A): <u>4</u> Feet Below Land Surface Test Pumping Rate: <u>85</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured static in head: _____ feet Well yielded <u>85</u> GPM with a drawdown of <u>4</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
John W. Thompson 0-679 John W. Thompson  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 MAR 11 2008  
 BY OLWR