

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: Jones
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 9-30-04

For Office Use Only:
Aquifer: _____
Well #: J-98 067
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>Spanner Petroleum</u>	Latitude: <u>31° 34' 29"</u> Longitude: <u>89° 18' 25"</u>
Mailing Address: <u>956 Deposit Guaranty Plaza 210 east Capital St. Jackson MS</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 NE 1/4 Sec 16 Twn 7N Rng 13W</u>
Telephone No. (____) _____	Distance: <u>7</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Ellisville</u>

Well Data

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

Date well drilling started: 9-29-04 Date well drilling completed: 9-29-04

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

Static Water Level: 105' feet above or below (circle one) land surface Date measured: 9-29-04

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

Hole depth: 260 Well depth: 255 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 230 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .020 inches Setting depth: From 230 feet to 255 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): _____

RECEIVED
OCT 04 2004
BY: OLWR

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 John W. Thompson
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

J-98

If well telescopes please sketch below and show depths.

Ground Level

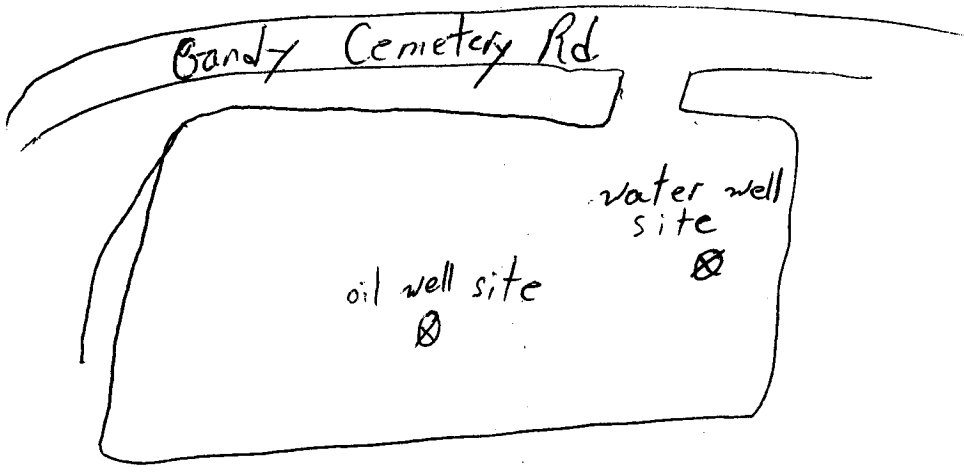
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
sand + gravel	0	60
white clay	60	155
fine sand	155	230
coarse sand	230	255
clay	255	260

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: _____

John V. 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: Jones
Permit #: _____
Driller: John V. Thompson
Date completed: 9-29-04

For Office Use Only:

Aquifer: _____
Well #: J-98
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>Spomer Petroleum</u>	Latitude: <u>31° 34'</u> Longitude: <u>89° 18'</u>
Mailing Address: <u>256 Deposit Guaranty Plaza</u> <u>210 East Capital St</u> <u>Jackson MS</u>	Method of Lat/Long (circle one): Conventional Survey: USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<input checked="" type="radio"/> 1/4 _____ 1/4 Sec <u>16</u> Twn <u>7N</u> Rng <u>13W</u>
Telephone No. (_____) _____	Distance Direction Nearest Town <u>7</u> Miles <u>SW</u> of <u>Ellisville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2</u>
Date Pump Installed: <u>10-1-04</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-1-04</u>	OCT 04 2004 BY: OLWR
Static Water Level (A): <u>105</u> Feet Below Land Surface	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>115</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>100</u> Gallons Per Minute	Well yielded <u>100</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>10</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 V. Thompson 0-0679
Print Name of Pump Installer and License No. (if applicable)

John V. Thompson
Signature of Pump Installer