

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-108
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 12-12-05

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>Speener Petroleum</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>956 Depot County Plaza 210</u> <u>East Capital St</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Jackson</u> <u>MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>7N</u> Rng <u>13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>6</u> Miles <u>SW</u> of <u>Ellisville</u>

Well Data

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

Date well drilling started: 12-12-05 Date well drilling completed: 12-12-05

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

Static Water Level: 123 feet above or below (circle one) land surface Date measured: 12-15-05

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

Hole depth: 280 Well depth: 280 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 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 260 feet to 280 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

If well telescopes please sketch below and show depths.

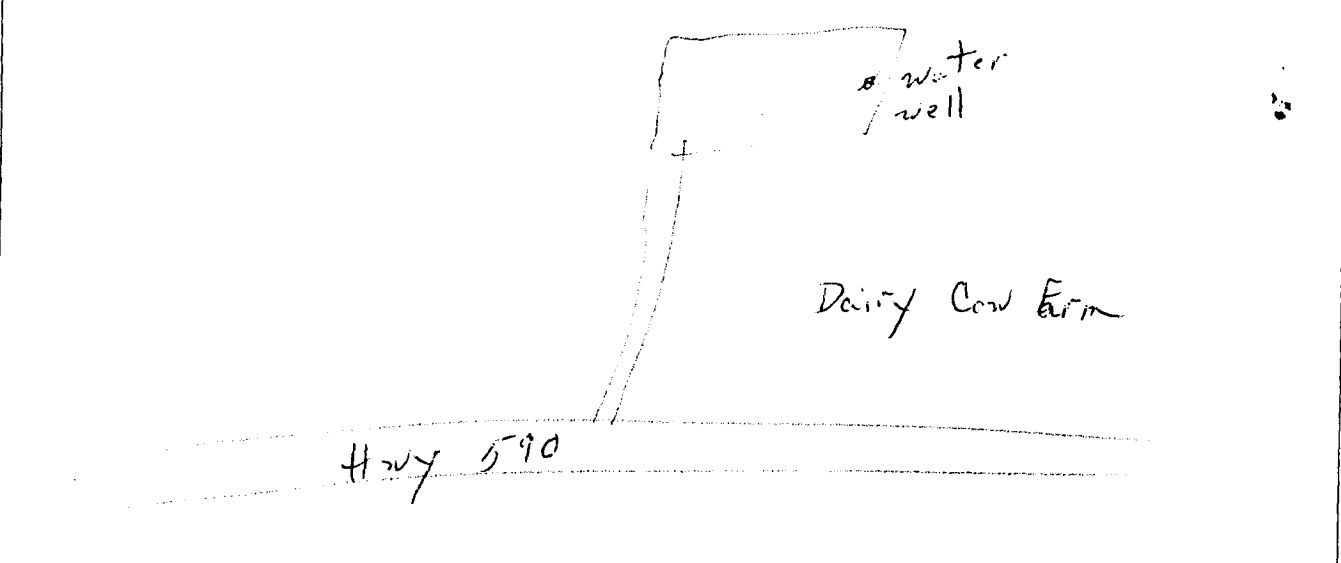
Ground Level

Large empty rectangular area for sketching well telescopes.

Description of Formations Encountered	From	To
sand + gravel	0	90
clay	90	100
clay	100	120
sandy clay	120	140
fine sand	140	150
clay	150	160
fine sand	160	170
coarse sand	170	200

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: Spooner Petroleum

Signature of Water Well Contractor: John W. Thompson

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-108

Elevation: _____

County: Jones

Permit #: _____

Driller: John W Thompson

Date completed: 12-12-05

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>Procter Petroleum</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>956 Depot County Plaza #16</u> <u>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: _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>15</u> Twn <u>7N</u> Rng <u>13W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>6</u> Miles <u>SW</u> of <u>Ellisville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	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>12-16-05</u>	Setting Depth: <u>187</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>12-16-05</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>123</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>136</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>13</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 John W Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer