

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 #: F-110
L. S. Elevation: _____
E-log #: _____

County: Marion
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 6-30-05

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>EOG Resources</u>	Latitude: <u>31° 20' 18"</u> Longitude: <u>89° 55' 21"</u>
Mailing Address: <u>6101 South Broadway Suite 200</u> <u>Tyler TX</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad. Hand-held GPS. Survey-grade GPS
City _____ State _____ Zip Code _____	NW ¼ SW ¼ Sec <u>4</u> Twn <u>4N</u> Rng <u>19W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>Boss</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>rig supply</u>	
Date well drilling started: <u>6-30-05</u> Date well drilling completed: <u>6-30-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>15</u> feet above or below (circle one) land surface Date measured: <u>6-30-05</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>110</u> Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length <u>90</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC Slotted</u>	
Screen slot size: <u>020</u> inches Setting depth: From <u>90</u> feet to <u>110</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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): <u>No log run</u> 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.	
Print Name of Water Well Contractor and License No. <u>John W. Thompson 0-0679</u>	Signature of Water Well Contractor <u>John W. Thompson</u>

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If well telescopes please sketch below and show depths.

F-110

Ground Level

Description of Formations Encountered

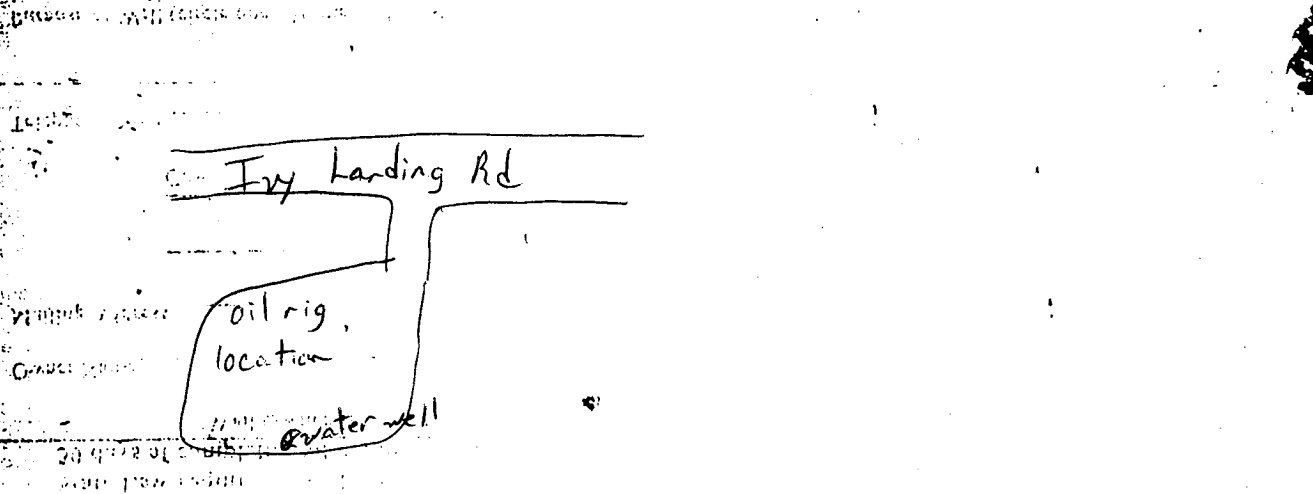
From To

1. Screen type	
2. Screen length	
3. Screen diameter	
4. Screen material	
5. Screen location	
6. Screen depth	
7. Screen interval	
8. Screen type	
9. Screen length	
10. Screen diameter	
11. Screen material	
12. Screen location	
13. Screen depth	
14. Screen interval	

Description of Formations Encountered	From	To
top soil	0	5
sand + pea gravel	5	20
clay + sand strips	20	60
sand + pea gravel	60	100

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)

For Office Use Only:

Aquifer: _____

Well #: F-110

Elevation: _____

County: Marion
Permit #: _____
Driller: John W. Thompson
Date completed: 6-30-05

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>EOG Resources</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6101 South Broadway Suite 200</u> <u>Tyler, TX</u>	Method of Lat/Long (circle one): Conventional Survey: _____ USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>4N</u> Rng <u>19W</u>
Telephone No. (_____) _____	Distance: _____ Direction: _____ Nearest Town: _____ <u>1</u> Miles <u>SW</u> of <u>Bass</u>

Pump Type Circle one	Power Type Circle one
Air Lift: _____ Jet: _____ <u>Submersible</u>	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: _____ Piston: _____ Turbine: _____	<u>Electric Motor</u> Hand: _____ Tractor PTO: _____
Centrifugal: _____ Rotary: _____ Flowing Well: _____	Windmill: _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>7-1-05</u>	Setting Depth: <u>60</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>7-1-05</u>	Air Line: _____ <u>Electric Measuring Line</u> Steel Tape: _____
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>20</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>20</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
Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
Signature of Pump Installer

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