County: Marion

Permit #:

Driller: John W Thompson

Date drilling completed: 11-5-07

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 #: G-96

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

Owner Name: EOG Resources

Mailing Address: 6101 S Broadway Ste 200

Tyler TX

City State Zip Code

Telephone No. ( )

Well Location

Latitude: 31 ° 18 ' 14 " Longitude: 89 ° 49 ' 12 "

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

SW ¼ SW ¼ Sec 16 Twn 4N Rng 18W

Distance 2 Miles Direction N of Nearest Town Columbia

Well Data

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

Date well drilling started: 11-5-07 Date well drilling completed: 11-5-07

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

Static Water Level: 54 feet above or below (circle one) land surface Date measured: 11-5-07

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

Hole depth: 143 Well depth: 130 Well grouted to a depth of 20 feet

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

Casing length: 110 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 110 feet to 130 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

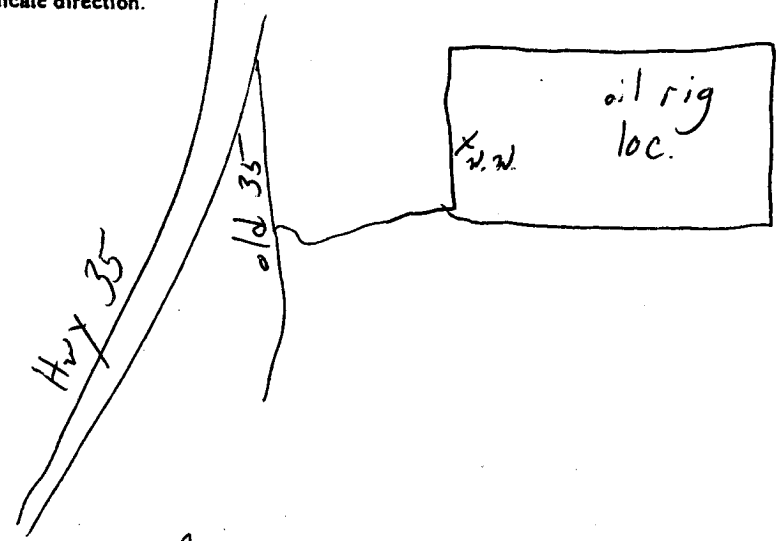
Ground Level

G-

Description of Formations Encountered	From	To
Fill dirt	0	10
rock	10	16
sand	16	26
clay & sand strips	26	60
sand & clay strips	60	80
sand	80	130
clay	130	143

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: EOG Resources

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: Marion
Permit #:
Driller: John W Thompson
Date completed: 11-5-07

For Office Use Only:
Aquifer:
Well #: G-96
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

Owner Name: EOG Resources
Mailing Address: 6101 S Broadway Ste 200
Tyler TX
City State Zip Code
Telephone No. ( )

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec 16 Twn 4 N Rng 18 W
Distance 2 Miles Direction N of Nearest Town Columbia

Pump Type
Circle one

Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify):
Date Pump Installed: 11-5-07
Rated Pump Capacity: 85 Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
(Electric Motor) | Hand | Tractor PTO
Windmill | Other (specify):
Horse Power Rating of Motor: 5
Setting Depth: 100 feet
Number of Stages:

Pump Test Data

Date Well Tested: 11-5-07
Static Water Level (A): 54 Feet Below Land Surface
Pumping Water Level (B): 60 Feet Below Land Surface
Drawdown [(B) – (A)]: 6 Feet Below Land Surface
Test Pumping Rate: 100 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level
Circle one

Air Line | (Electric Measuring Line) | Steel Tape
Other (specify):
For flowing well, measured shut in head: feet
Well yielded 100 GPM with a drawdown of 6 feet after 4 hours of pumping

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