

Riley 19-14# I

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 #:	H-58
L. S. Elevation:	_____
E-log #:	_____

County:	Marion
Permit #:	_____
Driller:	John W Thompson
Date drilling completed:	4-7-08

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:	EOG Resources	Latitude:	31.18.05 " Longitude: 89.45.15 "
Mailing Address:	6101 S Broadway Ste 100 Tyler TX 75701	Method of Lat/Long (circle one):	Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City:	_____ State: _____ Zip Code: _____	USGS quad:	NW 1/4 NW 1/4 Sec 19 Twn 4N Rng 17W
Telephone No.:	() _____	Distance:	4 Miles Direction: NE of Nearest Town: Columbia

Well Data			
Purpose of Well (circle one):	Home Industrial Public Supply Irrigation Fish Culture	Other:	rig supply
Date well drilling started:	4-7-08	Date well drilling completed:	4-7-08
If flowing, method of flow regulation:	Valve _____ Other (describe): _____		
Static Water Level:	59 feet above or below (circle one) land surface	Date measured:	4-8-08
Method of Measurement (circle one):	steel tape electric tape air line other: _____		
Hole depth:	120 Well depth: 115	Well grouted to a depth of:	20 feet
Type of grout (circle one):	Cement Bentonite Mix		
Casing length:	95 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	95 feet to 115 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

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: H-58
Elevation: _____

County: Madison
Permit #: _____
Driller: John W Thompson
Date completed: 4-7-08

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>EOG Resources</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6101 S Broadway ste 100</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Tyler TX 75701</u>	<input type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>4N</u> Rng <u>17W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>NE</u> of <u>Columbia</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Diesel Engine
<input type="checkbox"/> Bucket	<input checked="" type="checkbox"/> Electric Motor
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Gasoline Engine
Other (specify): _____	<input type="checkbox"/> Hand
Date Pump Installed: <u>4-8-08</u>	<input type="checkbox"/> Natural Gas
Rated Pump Capacity: <u>55</u> Gallons Per Minute	<input type="checkbox"/> Tractor PTO
	Windmill Other (specify): _____
	Home Power Rating of Motor: <u>5</u>
	Setting Depth: <u>92</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-8-08</u>	<input type="checkbox"/> Air Line
Static Water Level (A): <u>59</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>73</u> Feet Below Land Surface	<input type="checkbox"/> Steel Tape
Drawdown ((B)-(A)): <u>14</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>80</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>80</u> GPM with a drawdown of
	<u>14</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