

# State Well Report

## Part 1 - Driller's Log

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 #: K-85  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: MONROE  
Permit #: \_\_\_\_\_  
Driller: Parks + Parks  
Date drilling completed: 8/6/07

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>CABOT Oil &amp; Gas</u>	Latitude: <u>33° 50' 18"</u> Longitude: <u>88° 37' 15"</u>
Mailing Address: <u>1200 Enclave Parkway</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Houston TX 77077</u>	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>25</u> Twn <u>14S</u> Rng <u>6E</u>
City State Zip Code	NW Distance Direction Nearest Town
Telephone No. <u>281 589-4600</u>	<u>2</u> Miles <u>West</u> of <u>Aberdeen</u>

**Well / Borehole Data**

Date drilling started: 7/13/07 Date drilling completed: 8/6/07 Hole depth: 280' Hole diameter: 8"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
Method of dosing and volume of Chlorine used in drilling and development: 5PPM

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: Water Supply (Gas)

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 8/5/07

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

Well depth: 280 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 70 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 210 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 next page*

Form: OLWR-SWR-1A

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# 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 #: K-85  
 Elevation: \_\_\_\_\_

County: MONROE  
 Permit #: \_\_\_\_\_  
 Driller: PARKS & PARKS  
 Date completed: 8/6/07  
*Copy information from block on Part 1*

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>CABOT OIL &amp; GAS</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
_____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 NE 1/4 Sec 25 T 14 R 6E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>WEST</u> of <u>ALCORN</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>5</u>
Date Pump Installed: <u>8/7/07</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>26</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/10/07</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>40</u> Gallons Per Minute	
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.

Rayburn Parks 0414                      Rayburn Parks  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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