

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)

County Pearl River 109
Permit # _____
Driller: John W. Thompson
Date drilling completed: 5-5-05

For Office Use Only:

Aquifer: _____
Well #: D-90
L. S. Elevation: _____
E-log #: _____

Thompson Bros. Water Well Service

State Law requires that this report be prepared by the driller in detail and filed with the Department within 90 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>Gungall Exploration</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>P.O. Box 18466</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey |
| <u>Oklahoma City, OK 73154</u> | <input type="checkbox"/> USGS quad. <input type="checkbox"/> Hand-held GPS. <input type="checkbox"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>SW 1/4 NW 1/4 Sec 14 Twn 15 Rng 142W</u> |
| Telephone No. (_____) _____ | Distance _____ Miles Direction <u>SE</u> of Nearest Town <u>Lamberton</u> |

Well Data

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

Date well drilling started: 5-5-05 Date well drilling completed: 5-5-05

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

Static Water Level: 29 feet above or below (circle one) land surface Date measured: 5-5-05

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

Hole depth: 144 Well depth: 135 Well grouted to a depth of 10 feet

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

Casing length 115 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 115 feet to 135 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 0-0679
Print Name of Water Well Contractor and License No.

John W. Thompson
Signature of Water Well Contractor

RECEIVED
MAY 17 2005
BY: OLWR

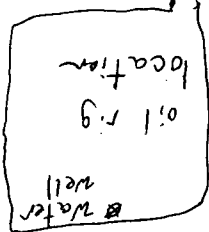
Signature of Water Well Contractor

J. M. Thompson

Owner Name: Gwngoll Exploration

Thomas School Rd

board Rd



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.

If more than one screen, show location of each on sketch

If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | | From | To |
|---------------------------------------|--|------|------|
| sand | | 0 | 6.3 |
| clay + sand strips | | 6.3 | 10.0 |
| med sand | | 10.0 | 12.5 |
| good red sand | | 12.5 | 13.5 |
| clay | | 13.5 | 14.4 |
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D-90

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 #: D-90

Elevation: _____

County: Pearl River
 Permit #: _____
 Driller: John W Thompson
 Date completed: 5-5-05

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>Gungoll Exploration</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>P.O. Box 18466</u> | Method of Lat/Long (circle one): Conventional Survey, _____ |
| <u>Oklahoma City, OK 73154</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____ | <u>SW 1/4 NW 1/4 Sec 14 Twp 15 Rng 142</u> |
| Telephone No.: (____) _____ | Distance _____ Direction _____ Nearest Town _____ |
| | <u>5</u> Miles <u>SE</u> of <u>Lumberton</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>5-6-05</u> | Setting Depth: <u>100</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>5-5-05</u> | Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>29</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>55</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>26</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>26</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 **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) MAY 17 2005

John W. Thompson **BY: OLWB**
 Signature of Pump Installer