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BY: OLWR

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: Scott
 Permit #: _____
 Driller: John W. Thompson
 Date drilling completed: 6-1-05

For Office Use Only:
 Aquifer: _____
 Well #: L-54
 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	Well Location
Owner Name: <u>Tellus Energy</u>	Latitude: <u>32° 19' 15"</u> Longitude: <u>89° 29' 43"</u>
Mailing Address: <u>P.O. Box 14108</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Jackson, MS</u>	<input type="radio"/> USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>32</u> Twn <u>6N</u> Rng <u>8E</u>
Telephone No. () _____	Distance <u>3</u> Miles Direction <u>S</u> of Nearest Town <u>Forrest</u>

Well Data

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

Date well drilling started: 5-2-05 Date well drilling completed: 5-3-05

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

Static Water Level: 103 feet above or below (circle one) land surface Date measured: 5-3-05

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

Hole depth: 484 Well depth: 460 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length 400 feet Casing diameter: 4 inches Type of casing: PVC

Screen length 60 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .010 & .020 inches Setting depth: From 400 feet to 460 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

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)

JUN 17 2006

BY: OLW/

County: Scott
Permit #: _____
Driller: John W. Thompson
Date completed: 6-1-05

For Office Use Only:
Aquifer: _____
Well #: L-54
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			Well Location		
Owner Name:	<u>Tellus Energy</u>		Latitude:	_____ Longitude: _____	
Mailing Address:	<u>P.O. Box 14708</u>		Method of Lat/Long (circle one): Conventional Survey: _____		
	<u>Jackson, MS</u>		USGS quad, Hand-held GPS, Survey-grade GPS		
	City	State	Zip Code	_____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>6N</u> Rng <u>8E</u>	
Telephone No.:	_____		Distance	Direction	Nearest Town
	_____		<u>3</u> Miles	<u>S</u> of	<u>Forrest</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify):	_____		Horse Power Rating of Motor:	<u>7.5</u>	
Date Pump Installed:	<u>6-13-05</u>		Setting Depth:	<u>180</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>6-1-05</u>	Air Line	<u>Electric Measuring Line</u>
Static Water Level (A):	<u>103</u> Feet Below Land Surface	Steel Tape	_____
Pumping Water Level (B):	<u>125</u> Feet Below Land Surface	Other (specify):	_____
Drawdown ((B) - (A)):	<u>22</u> Feet Below Land Surface	For flowing well, measured shut in head:	_____ feet
Test Pumping Rate:	<u>100</u> Gallons Per Minute	Well yielded <u>100</u> GPM with a drawdown of	_____
Duration of Pump Test (minimum 4 hours):	_____ hours	<u>22</u> feet after <u>4</u> hours of pumping	_____

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____