

D'Lo Corewell 16-5 #1

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: D 86
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Simpson
Permit #: _____
Driller: John W Thompson
Date drilling completed: 11-12-11

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>D'Lo Gas Storage</u>	Latitude: <u>32.00.43</u> Longitude: <u>89.54.03</u>
Mailing Address: <u>P.O. Box 52768</u> <u>Lafayette LA 70505</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> <u>NE</u> Sec <u>16</u> Twn <u>2N</u> Rng <u>4E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>N</u> of <u>D'Lo</u>

Well Data

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

Date well drilling started: 11-7-11 Date well drilling completed: 11-12-11

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 11-12-11

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

Hole depth: 583 Well depth: 360 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .008 inches Setting depth: From 320 feet to 360 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): Teaco

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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D86

If well telescopes please sketch below and show depths.

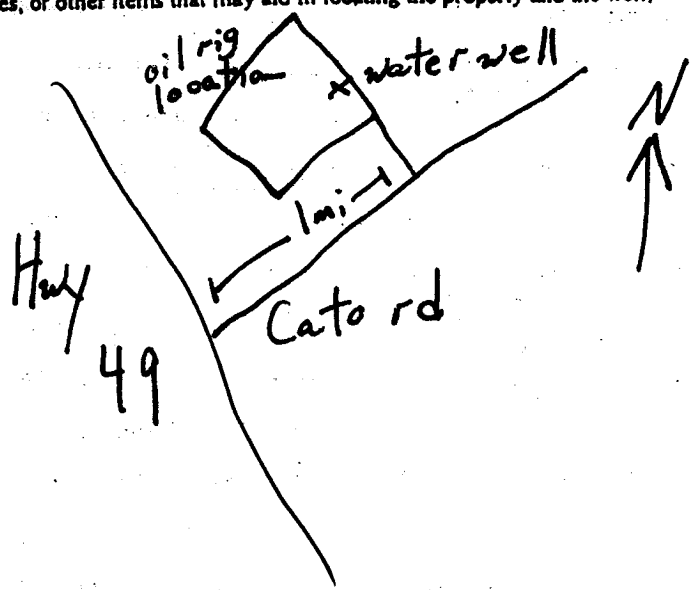
Ground Level

[Empty box for well telescope sketches]

Description of Formations Encountered	From	To
Sand & Gravel	0	70
Rock clay & sand strips	70	190
fine sand	190	260
clay & rock	260	330
sand	330	350
Clay & fine sand strips	350	589

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: D'Lo Gas Storage

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)

County: Simpson
 Permit #: _____
 Driller: John W Thompson
 Date completed: 11-12-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D86
 Elevation: _____

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>D'Lo Gas Storage</u> Mailing Address: <u>P.O. Box 52768</u> <u>Lafayette LA 70505</u> City _____ State _____ Zip Code _____ Telephone No. () _____	Latitude: <u>32°00'43"</u> Longitude: <u>89°54'03"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>16</u> T <u>2N</u> R <u>4E</u> Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>N</u> of <u>D'Lo</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>11-12-11</u> Rated Pump Capacity: _____ Gallons Per Minute	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: <u>300</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-12-11</u> Static Water Level (A): <u>110</u> Feet Below Land Surface Pumping Water Level (B): <u>254</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>144</u> Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>10</u> GPM with a drawdown of <u>92</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