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Warren 10-1#1 State W				
Wayren 10 - 1 +1 State W	ell Report	For Office Use Only:		
	Part 1			
Mississippi Departmen	t of Environmental Quality	Aquifer:		
	P.O. Box 10631 Well #: A-49			
$1 p_{-2} p_{-2$	1S 39289-063 1	L. S. Blevation:		
	961-5210			
(601)35	4-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the	driller in detail and filed w	ith the Department within		
30 days of completion of drilling of the well.				
Weil Owner Information	Well	Location		
Owner Name Spooner Petroleum	Latitude:'	" Longitude:' ''		
Mailing Address: 210 E. Capital ST	Method of Lat/Long (circle or	e): Conventional Survey,		
Jackson ms		GPS, Survey-grade GPS		
	¼ ¼ Sec//	Rng_6E		
City State Zip Code	Distance Direction	Nearest Town		
Telephone No. ()		OX		
Weil	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Fig Supply</u>				
Date well drilling started: $2 - 9 - 0.9$ Date well drilling completed: $2 - 13 - 0.9$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 166 feet above or below (circle one) land surface Date measured: 2-13-09				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>670</u> Weil depth: <u>660</u> Weil grouted to a depth of <u>20</u> feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 580 feet Casing diameter: 4 inches Type of casing: 900				
Screen length: <u>80</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>MC S 10T Fed</u>				
Screen slot size: <u>008 4.010</u> inches Setting depth: From <u>580-620(008)</u> feet to <u>620-660(000)</u> 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 layes.				
John 1/ Thompson 0-679 Sch N/the re-				
Print Name of Water Well Contractor and License No.	Signature of	Water Wei Contractor		
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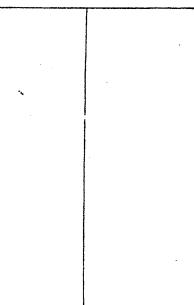
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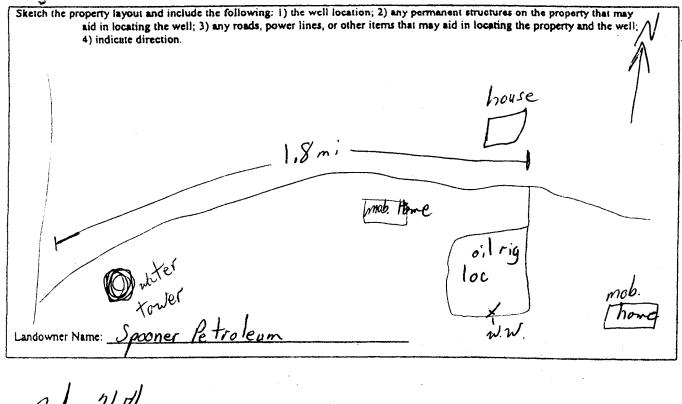
If well telescopes please sketch below and show depths

Ground Level



Description of Formations Encountered	From	То
Clay	0	25
sand	25	30
Clay	30	40
sand & I clay	40	60
Jazos Clay	60	380
sand & clay /	380	480
sand/4 clay	480	5.80
sand /	580	660
Clay	660	670
*		

Himore than one screen, show location of each on sketch



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Signalure of Water Well Contractor

A- 49

	STATE WELL REI	PORT	
County: <u>Smith</u> Permit #: Mis Driller: <u>John W Thrompon</u> Date completed: <u>2-13-09</u> <u>Copy information from block on Part 1</u> This part of the report must be completed by a l report must be attached and both parts filed with Well Owner Information	Part 2 Pump Installer's Completion isissippi Department of Environm Office of Land and Water-Re: P.O. Box 10631 Jackson, MS 39289-063 (601)961-5210 (601)354-6938 (fax) icensed water well contractor or the Department at the above a	Report nental Quality sources I U U U U U U U U U U U U U U U U U U	compression
Owner Name: <u>Sporer</u> Petroleu Mailing Address: <u>2)0 E. Capital</u> <u>Jackson</u> <u>MS</u> <u>City</u> <u>State</u> Telephone No. (Method of USGS qua Zip Code '4 Distance	Longitude Lat/Long (check one): Conve ud, Hand-held GPS, '4 Sec / 0 T _ 4, Direction Neare Miles _ 1/5 of _ 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10	entional Survey, Survey-grade GPS <u>M_R_6E</u> est Town
Bucket Piston Tur Centrifugal Rotary Flo Other (specify): Date Pump Installed: 2-13-09	Setting De	lotor Hand	Natural Gas Tractor PTO 7.5feet
Pumping Water Level (B):Feet Bele Drawdown [(B) - (A)]:Feet Bele	ow Land Surface For flow ow Land Surface For flow Ilons Per Minute Well yiel	ecify): ing well, measured shut in hea ded GPM 44feet after4	ne Steel Tape
I HEREBY CERTIFY that the above statement John W hompson Print Name of Pump Installer and License No.	-619 -	Signature of Pump Installer	Form: OLWR-SWR-1B RECEIV

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