

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: _____
Well #: J-39
L. S. Elevation: _____
E-log #: _____

County: SMITH
Permit #: _____
Driller: THOMPSON BROS
Date drilling completed: 5/4/07

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.

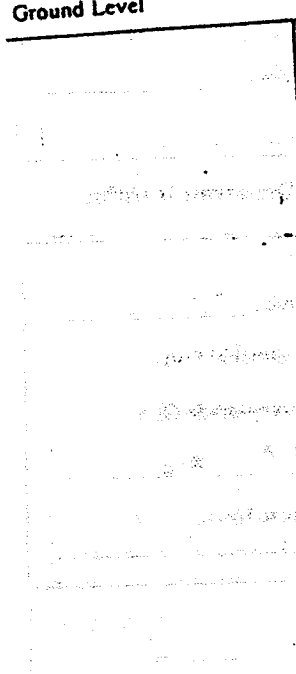
| Well Owner Information | Well Location |
|---|--|
| Owner Name: <u>TELLUS OPERATING</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>602 CRESCENT PL.</u> <u>SUITE 100</u> <u>RIDGELAND MS, 39157</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 Sec <u>13</u> Twn <u>2N</u> Rng <u>7E</u> |
| Telephone No. <u>(601) 896-7844</u> | Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>RALEIGH</u> |
| Well Data | |
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>RIG SUPPLY</u> | |
| Date well drilling started: <u>5/4/07</u> Date well drilling completed: <u>5/4/07</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>30</u> feet above or below (circle one) land surface Date measured: <u>5/4/07</u> | |
| Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____ | |
| Hole depth: <u>70</u> Well depth: <u>65</u> Well grouted to a depth of <u>20</u> feet | |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix | |
| Casing length: <u>25</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>40</u> feet Screen diameter: <u>7"</u> inches Type of screen: <u>PVC SLOTTED</u> | |
| Screen slot size: <u>010</u> inches Setting depth: From <u>25</u> feet to <u>65</u> feet | |
| Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> 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): <u>No log run</u> 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. | |
| <u>J.P. THOMPSON 0-624</u> Print Name of Water Well Contractor and License No. | <u>J.P. Thompson</u> Signature of Water Well Contractor |

RECEIVED
MAY 14 2007
BY: OLWR

J.

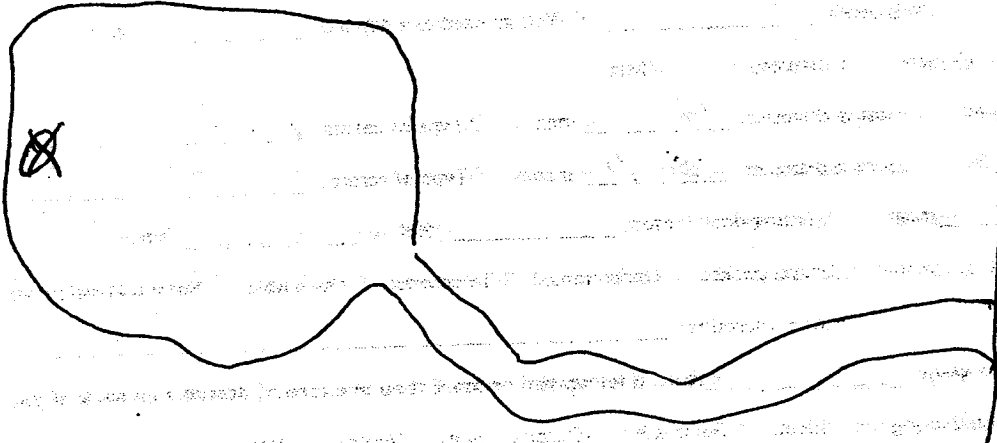
If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| SLAY | 0 | 15 |
| SAND | 15 | 65 |
| SLAY | 65 | 70 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.



↑
3-5
TO
RALEIGH

Landowner Name: TELLUS OPERATING

S.P. 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)

For Office Use Only:

Aquifer: _____
 Well #: J-39
 Elevation: _____

County: SMITH
 Permit #: _____
 Driller: T. THOMPSON BROS.
 Date completed: 5/7/07
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>TELLUS OPERATING</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>602 CRESCENT PL.</u> <u>SUITE 100</u> <u>RIDGE LAND MS. 39157</u> <small>City State Zip Code</small> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>1/4</u> _____ <u>1/4</u> Sec <u>13</u> T. <u>2N</u> R. <u>7E</u> |
| Telephone No. <u>(601) 898-7444</u> | Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>S</u> of <u>RALEIGH</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>5/7/07</u> | Setting Depth: <u>50</u> feet |
| Rated Pump Capacity: <u>55</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>5/7/07</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>30</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>40</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface | Well yielded <u>75</u> GPM with a drawdown of |
| Test Pumping Rate: <u>75</u> Gallons Per Minute | <u>10</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.

J.P. THOMPSON 0624
 Print Name of Pump Installer and License No. (if applicable)

J.P. Thompson
 Signature of Pump Installer

RECEIVED

MAY 14 2007
 BY: OLWF