

Stamped 32-10 #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: _____
Well #: J-43
L. S. Elevation: _____
E-log #: _____

County: Smith
Permit #: _____
Driller: John W Thompson
Date drilling completed: 11-21-08

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>P.O. Box 14108</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>2N</u> Rng <u>7E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>SW</u> of <u>Raleigh</u>

Well Data

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

Date well drilling started: 11-21-08 Date well drilling completed: 11-21-08

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 11-21-08

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

Hole depth: 140 Well depth: 120 Well grouted to a depth of 20' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 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: .010 inches Setting depth: From 100 feet to 120 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 0-679
Print Name of Water Well Contractor and License No.

John W Thompson
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths

Ground Level

Description of Formations Encountered	From	To
Sand & clay	0	20
Rock	20	80
sand	80	125
clay	125	140

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.

The sketch shows a rectangular property layout. Inside the rectangle, there is a box labeled 'oil rig location'. Below this box is an 'X' labeled 'water well'. To the right of the rig box is a vertical line labeled 'gravel rd' with '2m' written next to it. At the bottom right corner of the property, there is a label 'CR 177'.

Landowner Name: Tellus Operating

John W. Thompson
Signature of Water Well Contractor

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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: Smith
 Permit #: _____
 Driller: John W. Thompson
 Date completed: 11-21-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J-43
 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>Tellus Operating</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 14108</u>	Method of Lat/Long (check 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 T 24 R 7E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>SW</u> of <u>Raleigh</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>11-21-08</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>11-21-08</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>24</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>42</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>18</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>18</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 0-679 John W. Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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