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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)

County: SMITH
 Permit #: _____
 Driller: J.P. THOMPSON
 Date drilling completed: 7/27/06

For Office Use Only:
 Aquifer: _____
 Well #: K-31
 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 OPERATING</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. BOX 14108</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>JACKSON MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>2N</u> Rng <u>8E</u>
Telephone No. <u>(601) 796-2656</u>	Distance Direction Nearest Town <u>1</u> Miles <u>E</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: 6/27/06 Date well drilling completed: 6/27/06
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 400 Well depth: _____ Well grouted to a depth of _____ feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____
 Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____
 Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____
 Top of tap 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.

J.P. THOMPSON 0-624
Print Name of Water Well Contractor and License No.

J.P. Thompson
Signature of Water Well Contractor

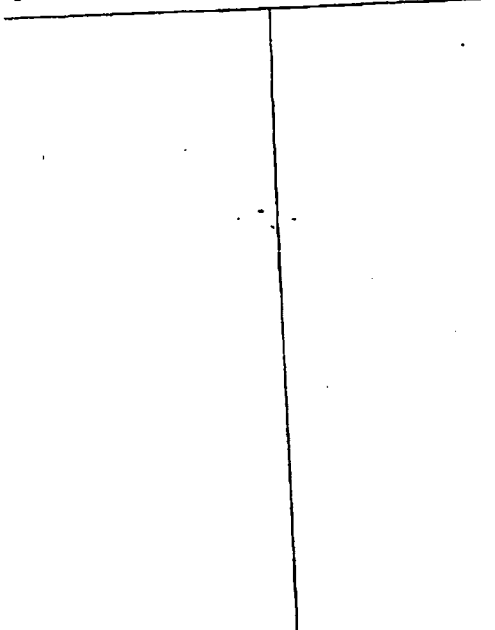
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K-31

If well telescopes please sketch below and show depths.

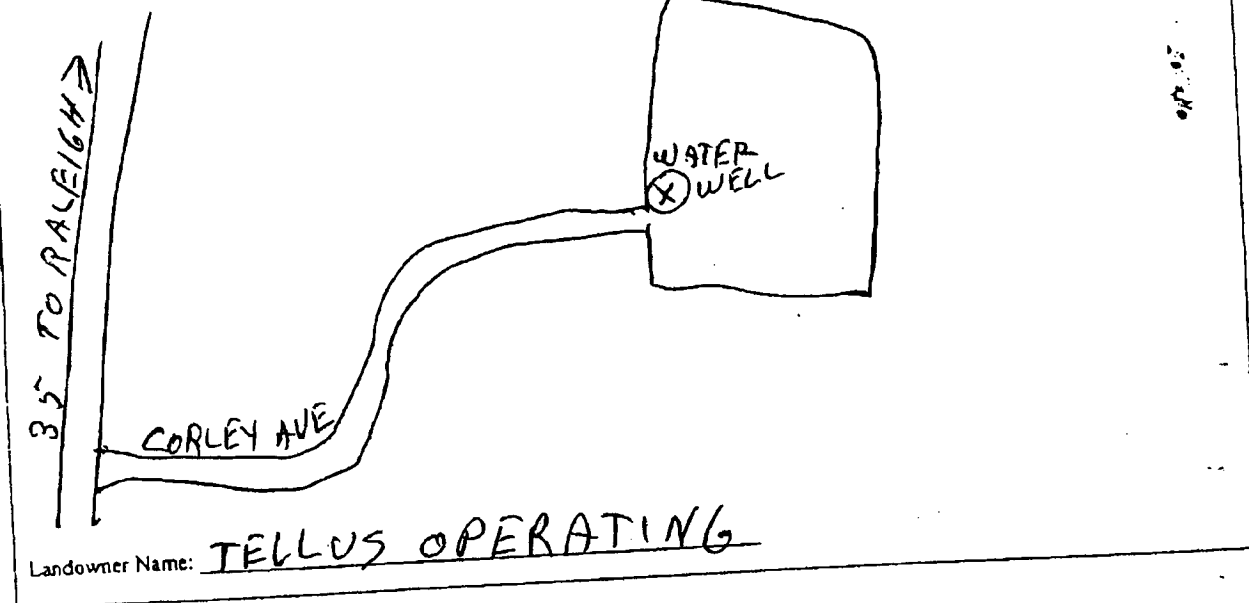
Ground Level



Description of Formations Encountered	From	To
SD & GRAVEL	0	50
CLAY	50	67
ROCK	67	82
CLAY	80	100
SANDY CLAY	100	120
SAND @ CLAY STRIPS	120	190
CLAY	190	245
ROCK SAND & CLAY	245	290
BLUE CLAY	290	400

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.



J.P. Thompson
Signature of Water Well Contractor

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