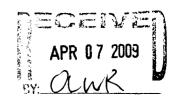
Vrangler 8-9#1 State W	7. 33 TD	
J C . / I	Vell Report	For Office Use Only:
1 O	at 1  at of Environmental Quality	Aquifer:
Permit #: Office of Land	ind Water Resources	Well #: M- 38
1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Box 10631 4S 39289-0631	L. S. Elevation:
	961-5210	L. S. Elevation:
(601)35	4-6938 (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.  Well Owner Information	Weli	Location
Owner Name Tellus Operating	Latituda:	" Longitude:"
		i
Mailing Address: 1.0. Box 14108	Method of Lat/Long (circle or	
Jackson 1113	ب ا	GPS, Survey-grade GPS
	¼ ¼ Sec_ &	
City State Zip Code	Distance Direction	Nearest Town
Telephone No. ()	Distance Direction  5 Miles	of Mize
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other: ria Supply
Date well drilling started: 3-26-09 Date		1 - 1 - 1 - 1
If flowing, method of flow regulation: Valve Other (c		
Static Water Level: 43 feet above or below (circle one)	land surface Date measured:	3-26-09
Method of Measurement (circle one) steel tape electric tape	air line other:	
Hole depth: 165 Well depth: 165 Well grouted to a depth of 20 feet		
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC		
20 11 DIC Clatter		
Screen length: CO feet Screen diameter: Type of screen: TVC 3/0/76d		
Screen slot size: <u>• OCO</u> inches Setting depth: From <u>195</u> feet to <u>165</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 laws.		
John W Thompson U-614 John W Stompson		
Print Name of Water Well Contractor and License No.  Signature of Water Well Contractor		



Ground Level	_	Description of Formations Encountered	From	To
		white sandy clay	0	37
		white 4 red clay	3.7	50
		blue clay	50	110
		sandy blue clay	110	150
		Sand	150	1165
		(		
	•			
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			0.4	
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Hismore than one screen, show location of each on sketch

Sketch the property layout and include the formation aid in locating the well; 3) any 4) indicate direction.	ollowing: 1) the well location; 2) any permane roads, power lines, or other items that may aid	nt structures on the property that may d in locating the property and the well;
	El 106	<b>//</b> \
oil rig loc		•
Landowner Name: Tellus	perating	

Signature of Water Well Contract

County: \_Smit Permit #:

## STATE WELL REPORT Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water-Resources

For Office Use Only:	
Aquifer:	
Well #: <u>M</u> -	38
Elevation:	

Til II The again	no new 10621	
Driller: John W hompson	P.O. Box 10631 Jackson, MS 39289-0631 Well #: M-38	
Date completed: 3-26-09		
Date completed: 2 C & C	(601)961-5210 Elevation:	
	(601)354-6938 (fax)	
Copy information from block on Part 1	to the Assess of Boat I of the	
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	
I his part of the report mass both parts filed with the De	epartment at the above dualess whith 30 days of	
Well Owner Information	Well Location	
741		
Owner Name: Tellus Operating	Latitude:Longitude:	
Owner Name: 181143 Operation		
01 262 14408	Method of Lat/Long (check one): Conventional Survey,	
Mailing Address: P.O. Box 14708	<del></del>	
Jackson MS	USGS quad, Hand-held GPS, Survey-grade GPS	
Jackson 1113		
7: 0		
City State Zip Co	Ode Distance Direction Nearest Town	
	) Dipolition	
	5 Miles NW of Mize	
Telephone No. ()		
	BT	
Pump Type	Power Type	
Circle one	Circle one	
	Direct Engine Gosoline Engine Natural Gas	
Air I iff Jet Submersibl	le Diesel Engine Gasoline Engine Natural Gas	
Air Lift Jet Submersion	- m	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Bucket Piston Turblic		
Centrifugal Rotary Flowing W	Vell Windmill Other (specify):	
Centrifugal Rotary Flowing w	,	
	Horse Power Rating of Motor:	
Other (specify):		
Other (specify):  Date Pump Installed: 3-26-08  Rated Pump Capacity: 83- Gallons Per	Setting Depth:feet	
Date Pump Installed:		
Pared Pump Connecity: 83 Gallons Per	Minute Number of Stages:	
Rated Pump Capacity: Gallons Fer	William 14million of Stages	
	Method of Measuring Water Level	
Pump Test Data	Circle one	
22100	Circle one	
Date Well Tested: 3-26-08	Air Line Electric Measuring Line Steel Tape	
110	Air Line Electric Measuring Line Steel Tape	
Static Water Level (A): 43 Feet Below Land	d Surface	
1 //	Other (specify):	
Pumping Water Level (B): 64 Feet Below Land	d Surface	
i milhing water roots (2).	and a substantial management shut in head.	
Drawdown [(B) - (A)]: 2   Feet Below Land	d Surface For flowing well, measured shut in head:feet	
	2 and it decides of	
Test Pumping Rate: 65 Gallons Pe	er Minute Well yielded SGPM with a drawdown of	
rest rumping rate.	1 21	
Duration of Pump Test (minimum 4 hours):	hours feet after hours of pumping	
Duration of rump 1est (illuminum 4 nous).		
	. /	
	we so the heat of my knowledge	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
1-T) \ /-T]	1179 Van Worken	
John W I homison	icable) Signature of Pump Installer	
Print Name of Pump Installer and Ligense No. (if appl	icable) Signature of Pump Installer	

