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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: Stone
Permit #:
Driller: John W Thompson
Date drilling completed: 10-1-08

For Office Use Only:
Aquifer:
Well #: B-85
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

Owner Name: Spooner Petroleum
Mailing Address: 956 Deposit Guaranty Plaza
1210 E Capitol St
Jackson MS 39201
City State Zip Code
Telephone No. ( )

Well Location

Latitude: ° ' " Longitude: ° ' "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec 5 Twn 2S Rng 12W
Distance 4 Miles Direction W of Nearest Town Wiggins

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: rig supply
Date well drilling started: 10-1-08 Date well drilling completed: 10-1-08
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 80 feet above or below (circle one) land surface Date measured: 10-1-08
Method of Measurement (circle one) steel tape electric tape air line other:
Hole depth: 180 Well depth: 160 Well grouted to a depth of 20 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 140 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: .020 inches Setting depth: From 140 feet to 160 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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OCT 20 2008
BY: OLWR

B-85

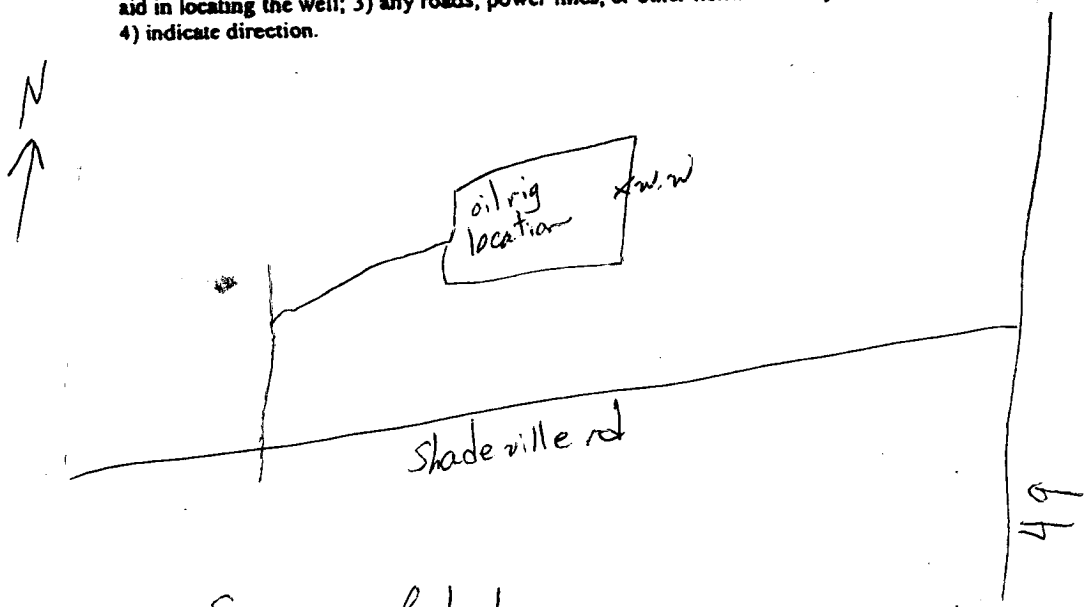
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
clay	0	90
sand + clay	90	110
sand	110	160
sand + clay stripes	160	180

If 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.



Landowner Name: Spooner Petroleum

John W 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)

County: Stone
Permit #:
Driller: John W Thompson
Date completed: 10-1-08
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: B-85
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

Owner Name: Spooner Petroleum
Mailing Address: 1210 E Capital St
Jackson MS 39201
City State Zip Code
Telephone No. ( )

Well Location

Latitude: Longitude:
Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS___, Survey-grade GPS___
___ ¼ ___ ¼ Sec 5 T 2S R 12W
Distance Direction Nearest Town
4 Miles W of Wiggins

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 10-1-08
Rated Pump Capacity: 85 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 7.5
Setting Depth: 120 feet
Number of Stages:

Pump Test Data

Date Well Tested: 10-1-08
Static Water Level (A): 80 Feet Below Land Surface
Pumping Water Level (B): 95 Feet Below Land Surface
Drawdown [(B) – (A)]: 15 Feet Below Land Surface
Test Pumping Rate: 100 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line, (Electric Measuring Line), Steel Tape
Other (specify):
For flowing well, measured shut in head: ___ feet
Well yielded 100 GPM with a drawdown of 15 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W Thompson 0-679
Print Name of Pump Installer and License No. (if applicable)

John W Thompson
Signature of Pump Installer

Form: OLWR-SWR-1B

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OCT 20 2008
BY: OLWR