

Walthal

County: Walthal  
 Permit #: \_\_\_\_\_  
 Driller: Teme Singleton  
 Date drilling completed: 11/27/09

**State Well Report**  
**Part 1 - Driller's Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: A 149  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Axis Onshore, LP</u>        Mailing Address: <u>405 Texas St.</u>  <u>ATTN: Kyle Greer</u>  <u>Vidalia LA 71373</u>        City State Zip Code        Telephone No. <u>(38) 336-9881</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 20' 00"</u> Longitude: <u>91° 11' 22"</u>        Method of Lat/Long (circle one): Conventional Survey,        USGS quad, <u>Hand-held GPS</u> Survey-grade GPS  <u>NW 1/4 NW 1/4 Sec 10 Twn 4N Rng 10E</u>        Distance Direction Nearest Town  <u>6.5 Miles W-N/W of Rosetta</u></p>
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**Well / Borehole Data**

Date drilling started: 11/27/09 Date drilling completed: 11/27/09 Hole depth: 154' Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: Singleton's Drilling Private well  
 Method of dosing and volume of Chlorine used in drilling and development: 1 gallon / 1000 gallon water blend

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) Rig Supply  
*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: Rig Supply

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 29' feet above or below (circle one) land surface Date measured: 11/27/09

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

Well depth: 154 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 144 feet Casing diameter: 4 inches Type of casing: PVC SCHD 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC SCHD 40

Screen slot size: .008 inches Setting depth: From 144 feet to 154 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 next page*

Form: OLWR-SWR-1A (04/08)

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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: WILKINSON  
 Permit #: \_\_\_\_\_  
 Driller: Teme Singleton  
 Date completed: 11/27/09  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: A149  
 Well #: \_\_\_\_\_  
 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>Axis Onshore, LP</u>	Latitude: <u>31°20'00"</u> Longitude: <u>-91°11'22"</u>
Mailing Address: <u>405 TEXAS ST.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>ATTN: KYLE GREER</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vidalie LA 71373</u>	_____ ¼ _____ ¼ Sec _____ T _____ R _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(318) 336-9881</u>	<u>6.5</u> Miles <u>W-N/W</u> of <u>Rosetta</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>11/27/09</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/2/09</u>	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="checkbox"/>
Static Water Level (A): <u>29</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</u> Gallons Per Minute	
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.

Teme F. Singleton #0-813  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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