

Doby 20-11

# 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: J137  
Well #: J-139  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wayne  
Permit #: \_\_\_\_\_  
Driller: John Thompson  
Date drilling completed: 8-22-07

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>Massbacher Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>712 Main St ste 2200</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Houston TX 77002</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<input type="checkbox"/> 1/4 _____ 1/4 Sec <u>20</u> Twn <u>9N</u> Rng <u>6W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>NE</u> of Nearest Town <u>Waynesboro</u>

### Well Data

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

Date well drilling started: 8-19-07 Date well drilling completed: 8-22-07

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

Static Water Level: 154 feet above or below (circle one) land surface Date measured: 8-22-07

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

Hole depth: 623 Well depth: 623 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

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 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): MDEQ

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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J.

If well telescopes please sketch below and show depths.

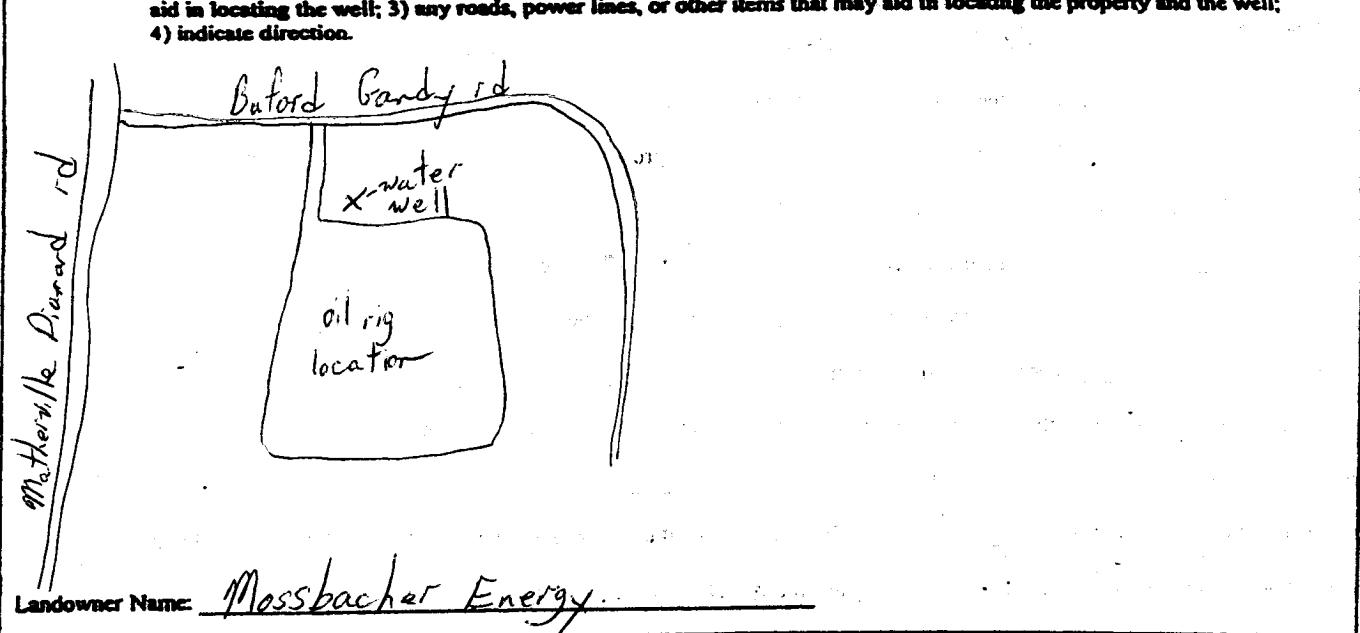
Ground Level

Description of Formations Encountered

Description of Formations Encountered	From	To
sand	0	35
clay	35	65
rock strips	65	200
hard clay	200	300
hard clay	300	500
clay, fine sand + seashells	500	625

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.



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)

For Office Use Only:

Aquifer: 137  
 Well #: J-139  
 Elevation: \_\_\_\_\_

County Wayne  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 8-22-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Mossbacher Energy</u> Mailing Address: <u>712 Main St Ste 2200</u> <u>Houston TX: 77002</u> City _____ State _____ Zip Code _____ Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>9N</u> Rng <u>6W</u> Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>NE</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u> Bucket _____ Piston _____ Turbine _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify): _____ Date Pump Installed: <u>8-22-07</u> Rated Pump Capacity: <u>35</u> Gallons Per Minute	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ Electric Motor _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>273</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-22-07</u> Static Water Level (A): <u>154</u> Feet Below Land Surface Pumping Water Level (B): <u>192</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>38</u> Feet Below Land Surface Test Pumping Rate: <u>35</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____ Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>35</u> GPM with a drawdown of <u>38</u> feet after <u>4</u> hours of pumping

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

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