

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:

County: Wayne
Permit # _____
Driller: John W. Thompson
Date drilling completed: 9-4-04

Aquifer: _____
Well #: K-411 153
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.

Seebelow Well Owner Information
Owner Name: Mosbacher Energy Co.
Mailing Address: 712 Main St Suite 2200
Houston TX 77002
City State Zip Code
Telephone No. () _____

Well Location
Latitude: 31° 45' Longitude: 88° 37'
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SE ¼ SE ¼ Sec 7 Twn 9N Rng 52
Distance Direction Nearest Town
5 Miles N of Waynesboro

Well Data
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: rig supply
Date well drilling started: 9-1-04 Date well drilling completed: 9-4-04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 61 feet above or below (circle one) land surface Date measured: 9-4-04
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 525 Well depth: 520 Well grouted to a depth of 20 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 480 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted
Screen slot size: .008 inches Setting depth: From 480 feet to 520 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): _____

RECEIVED
SEP 13 2004
BY: OLWR

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 0-0679
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

* Mosbacher Energy Company

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: Wayne
Permit #: _____
Driller: John W. Thompson
Date completed: 9-4-04

For Office Use Only:

Aquifer: _____
Well #: K-41
Elevation: _____

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 Co.</u>	Latitude: <u>31° 45'</u> Longitude: <u>88° 37'</u>
Mailing Address: <u>712 Main St. suite 2200</u> <u>Houston TX 77002</u>	Method of Lat/Long (circle one): Conventional Survey
City _____ State _____ Zip Code _____	USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>7</u> Twn <u>9N</u> Rng <u>5W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>N</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2</u> RECEIVED
Date Pump Installed: <u>9-5-04</u>	Setting Depth: <u>180</u> SEP 13 2004
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____ BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-5-04</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>61</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>39</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>39</u> feet after <u>4</u> hours of pumping
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

John W. Thompson 0-0679 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer