

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: _____
Well #: L-75 153
L. S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 8-25-04

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>Primal Energy</u>	Latitude: <u>31° 37' 57"</u>	Longitude: <u>88° 53' 57"</u>	
Mailing Address: <u>Primal Energy</u> <u>211 Highland Cross Site 227</u> <u>Houston TX 77073</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey. USGS quad, Hand-held GPS, Survey-grade GPS 1/4 1/4 Sec <u>28</u> Twn <u>8N</u> Rng <u>9W</u>		
Telephone No. () _____	Distance _____ Miles	Direction <u>NW</u>	Nearest Town <u>Strength Ford</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>rig supply</u>			
Date well drilling started: <u>8-25-04</u>		Date well drilling completed: <u>8-25-04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>11</u> feet above or below (circle one) land surface		Date measured: <u>8-25-04</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>230</u>		Well depth: <u>190</u>	Well grouted to a depth of <u>15</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>190</u> feet		Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet		Screen diameter: <u>4</u> inches	Type of screen: <u>PVC slotted</u>
Screen slot size: <u>.020</u> inches		Setting depth: From <u>170</u> feet to <u>190</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.			
<u>John W. Thompson</u> <u>0-0679</u>		<u>John W. Thompson</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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BY: OLWR

L-75

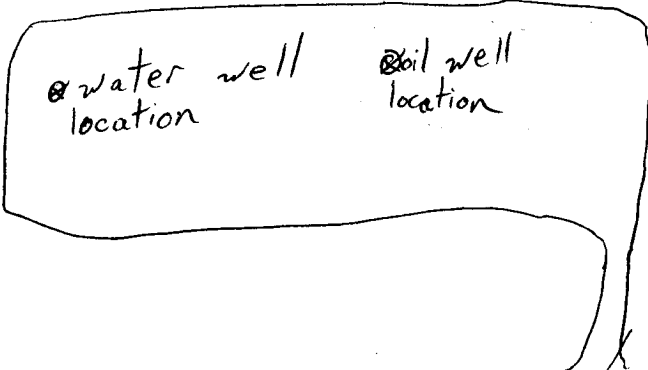
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
clay	0	100
sand + clay strips	100	165
course sand	165	190
med. sand	190	225
clay	225	230

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: Primal Energy

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: Wayne
Permit #: _____
Driller: John W. Thompson
Date completed: 8-26-04

For Office Use Only:

Aquifer: _____
Well #: L-75
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>Primal Energy</u>	Latitude: <u>N31°37'57"</u> Longitude: <u>W88°53'57"</u>
Mailing Address: <u>211 Highland Cross</u> <u>Suite 227</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Houston TX 77023</u>	<u>1/4</u> <u>1/4</u> Sec <u>28</u> Twn <u>8N</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town <u>1</u> Miles <u>NW</u> of <u>Streightford</u>
Telephone No. (_____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u> RECEIVED
Date Pump Installed: <u>8-26-04</u>	Setting Depth: <u>80</u> feet SEP 09 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>8-25-04</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>11</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>24</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)

John W. Thompson
Signature of Pump Installer