

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: Wayne
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 9-24-04

For Office Use Only:
Aquifer: _____
Well #: M-131 153
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.

Well Owner Information	Well Location
Owner Name: <u>Primal Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>211 Highland Cross St</u> <u>Suite 227</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Houston TX 77023</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>8N</u> Rng <u>8W</u>
Telephone No. (_____) _____	Distance Direction Nearest Town <u>9</u> Miles <u>SW</u> of <u>Waynesboro</u>

Well Data

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

Date well drilling started: 9-23-04 Date well drilling completed: 9-24-04

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

Static Water Level: 23' feet above or below (circle one) land surface Date measured: 9-24-04

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

Hole depth: 160 Well depth: 160 Well grouted to a depth of 15 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): _____

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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

