Jale State	Well Report	
County:	Part 1	For Office Use Only:
Mississippi Departi	ment of Environmental Quality	Aquifer:
Office of Ea	nd and Water Resources O. Box 10631	Well #: M-131 153
	n, MS 39289-0631	L. S. Elevation:
	501)961-5210)354-6938 (fax)	E-log #:
(001)554-0958 (lax)	E-10g #:
State Law requires that this report be prepared by	the driller in detail and filed w	vith the Department within
30 days of completion of drilling of the well. Well Owner Information	Wal	I Location
Owner Name Prima Energy	Latitude:^'	_" Longitude:^ ''
Mailing Address: 211 Highland Crocs St	Method of Lat/Long (circle or	ne): Conventional Survey,
Suite 227	USGS and Hand hale	I GPS, Survey-grade GPS
11 1 1 77 77 177	-	
City State Zip Code	1/4 1/4 Sec	<u>Twn_SNRng</u>
	Distance Direction	Nearest Town
Telephone No. ()	Miles <u>SW</u>	Nearest Town of Waynesboro
W	/ell Data	
Purpose of Well (circle one) Home Industrial Public Supp	ly Irrigation Figh Culture	Other Fig Supply
Purpose of Well (circle one) Home Industrial Public Supp		Other. 119 - approx
Date well drilling started: <u>9-23-04</u> D	Date well drilling completed:	-29-04
If flowing, method of flow regulation: Valve Other	er (describe)	
Static Water Level: 2.3 ¹ fast shows on helew (sincle a	na) land aufface Data maanunadi	9-24-04
If flowing, method of flow regulation: Valve Other Static Water Level: feet above or below (circle on Method of Measurement (circle one) steel tape electric to	me) fand sufface Date measured.	RECEN
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 OCT 0 4 200
Type of grout (circle one): Cement Bentenite		BY: OIW
Casing length: <u>140</u> feet Casing diameter: <u>4</u>		
Screen length: <u>20</u> feet Screen diameter: <u>4</u> '	inches Type of screen:	PVC Slatted
Screen slot size:		160 feet
Type of completion (circle all applicable): Gravel packed U	nderreamed Telescoped Oper	n hole Natural Development
Other (describe): _		
Top of lap pipe or reduction in casing:fect.	If telescoped or more than one sci	reen, 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):		
I certify that the well was drilled, constructed, and completed		
Department of Environmental Quality and/or the Mississippi	Department of Health regulations	s and state laws.
The 11 The same of		
John W. / hompson 0-0	16/7 Shull	attent hon
Print Name of Water Well Contractor and License No.		f Water Wen Contractor

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M-131

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
 Cay	0	70
sond + clay strips	70	100
good /sand/	100	160
<u> </u>		TAA
		_
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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.

dirt Ion 3ite Energ ma Landowner Name:

Signature of Water Well Contract

STATE WI	ELL REPORT
County: <u>Wayne</u> Permit #: <u>Permit #:</u> Driller: <u>John V. Thompson</u> Date completed: <u>9-24-04</u> Pump Installer' Mississippi Departmen Office of Land P.O.1 Jackson, M (601)	Part 2 For Office Use Only: s Completion Report Aquifer: and Water Resources Main Sector Box 10631 Well #: 4/5938 (fax) Elevation:
This report should be prepared by the pump installer in deta installation of pump.	il and filed with the Department within 30 days of the
Well Owner Information Owner Name: IFim of Energy Mailing Address: 211 High/and Coosr Suite 227 Houston TX 77073 City State Zip Code Telephone No. ()	Well Location Latitude: Longitude: Method of Lat/Long (circle one): Conventional Survey. USGS quad, Hand-held GPS, Survey-grade GPS 4 4 Sec 7 4 Sec 7 Miles SW of Waynesboro
Pump Type Circle one Air Lift Jet Submersible Bucket Piston Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: 9-27-04 Rated Pump Capacity: State	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):
Pump Test Data Date Well Tested: $9-27-04$ Static Water Level (A): 23 Feet Below Land Surface Pumping Water Level (B): 35 Feet Below Land Surface Drawdown [(B) - (A)]: 12 Feet Below Land Surface Station of Pump Test (minimum 4 hours): 4	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):
HEREBY CERTIFY that the above statements are true to the best of John W. Thompson 0-0679 Print Name of Pump Installer anglicense No. (if applicable)	my knowledge. Signature of Pump Installer

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