

State Well Report

Part I

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 #: Q-42
L. S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 7-5-05

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 suite 277</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>Houston, TX</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>26</u> Twn <u>7N</u> Rng <u>9W</u>
Telephone No. (____) _____	Distance _____ Miles Direction _____ of Nearest Town <u>Strengthen</u>

Well Data

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

Date well drilling started: 7-5-05 Date well drilling completed: 7-5-05

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 7-5-05

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length 100 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 100 feet to 120 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): _____

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

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BY: OLWR

If well telescopes please sketch below and show depths.

Q-42

Ground Level

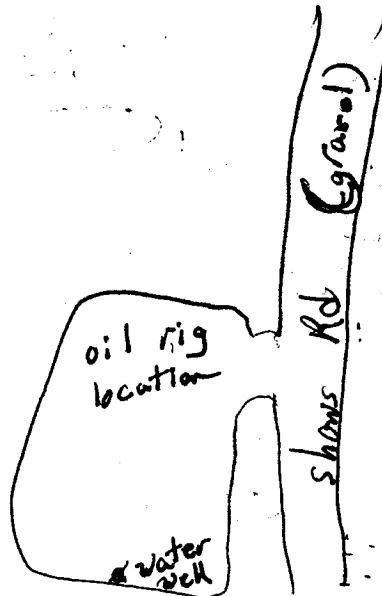
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	10
sand	10	20
clay	20	70
sand + clay layers	70	90
coarse sand	90	120

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: 7-5-05

For Office Use Only:
Aquifer:
Well #: Q-42
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: Owner Name: Primal Energy, Mailing Address: 211 Highland Cross Suite 227, Houston, TX
Well Location: Latitude, Longitude, Method of Lat/Long, USGS quad, Hand-held GPS, Survey-grade GPS, Distance, Direction, Nearest Town

Pump Type: Submersible
Power Type: Electric Motor
Other (specify):
Date Pump Installed: 7-7-05
Rated Pump Capacity: 85 Gallons Per Minute
Horse Power Rating of Motor: 5
Setting Depth: 60 feet
Number of Stages:

Pump Test Data: Date Well Tested: 7-7-05
Static Water Level (A): 15 Feet Below Land Surface
Pumping Water Level (B): 35 Feet Below Land Surface
Drawdown ((B) - (A)): 20 Feet Below Land Surface
Test Pumping Rate: 100 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours
Method of Measuring Water Level: Electric Measuring Line
Well yielded 100 GPM with a drawdown of 20 feet after 4 hours of pumping

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

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