

frac well #1

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P. O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: 566  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Wilkinson  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 4-1-14

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>Hal-Con Resources</u>		Latitude: <u>31°04'29.1"</u> Longitude: <u>091°10'51.6"</u>	
Mailing Address: <u>1000 Louisiana St, Ste 6700</u> <u>Houston, TX 77002</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City	State	Zip Code	
Telephone No. (____) _____			
		SE $\frac{1}{4}$ SE $\frac{1}{4}$ , Sec <u>18</u> T <u>1N</u> R <u>1W</u>	
		<u>6</u> Miles <u>W</u> of <u>Centreville</u>	
		(Distance) (Direction) (Nearest Town)	

**Well / Borehole Data**

Date drilling started: 4-1-14 Date drilling completed: 4-4-14 Hole depth: 690 Hole diameter: 7"

Location of the source of any surface water used for drilling: Gravel pit well.

Method of dosing and volume of Chlorine used in drilling and development: add 6 gallons bleach

Logs run (circle all applicable): No log run   Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): Tea co

Purpose of borehole (circle one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  
 Seismic Survey  Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): frac supply

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 228 feet (above or  below land surface) Date measured: 4-4-14  
(circle one)

Method of measurement (circle one): Steel tape   Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 675 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement   Bentonite  Mix

Casing length: 615 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .010 inches Setting depth: From 615 feet to 675 feet

Type of completion (circle all applicable): Gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

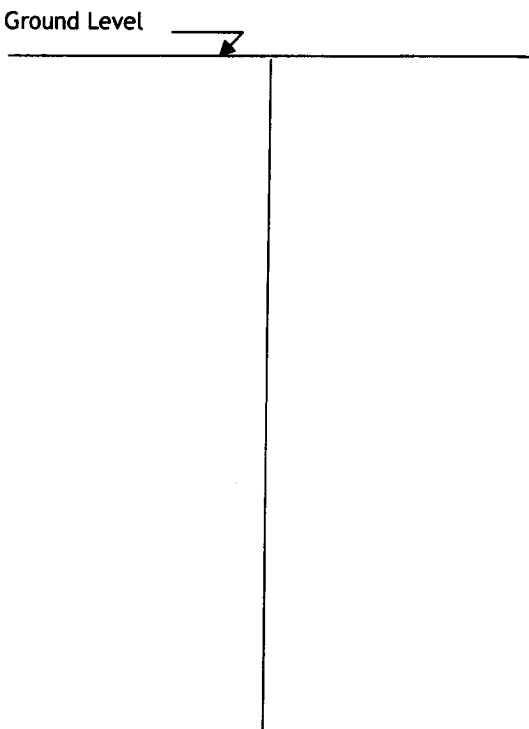
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

County: Wilkinson  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
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**The sketch below only required for water wells**  
**If well telescopes, show depths on sketch.**



**Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations**

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	20
Clay, sand + gravel	20	120
Clay	120	300
Clay + sand	300	340
Clay	340	460
Sand & clay	460	520
Clay & shale	520	610
Sand	610	675
Clay	675	690

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) north arrow

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Landowner Name: Hal Con Resources

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

John W Thompson 0-679      4-16-14      John W Thompson  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

### For Office Use Only:

Well #: 566

Aquifer: \_\_\_\_\_

County: Wilkinson  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date completed: 4-1-14  
**Copy information from block on Part 1**

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information			Well Location		
Owner Name: <u>Hal Con Resources</u>			Latitude: <u>31°04'29.1"</u>	Longitude: _____	
Mailing Address: <u>1000 Louisiana St Ste 6700</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Houston TX 77002</u>			<u>SE 1/4 SE 1/4, Sec 4 T 1 N R 1 W</u>		
City _____	State _____	Zip Code _____			
Telephone No. (____) _____			____ Miles _____ of _____	(Distance) (Direction) (Nearest Town)	

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
Date Pump Installed: 4-23-14 Rated Pump Capacity: 75 Gallons Per Minute  
Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 10 Setting Depth: 294 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 4-5-14 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 228 Feet  Below Land Surface Pumping Water Level (B): 250 Feet Below Land Surface  
Drawdown [(B) - (A)]: 22 Feet  Below Land Surface Test Pumping Rate: 70 Gallons Per Minute  
Method of measurement (circle one): Steel tape  Electric tape   Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
Measured shut in head: \_\_\_\_\_ feet.  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
Is This Meter (circle one):  New  Repaired  Replacement  
**Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.**

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
John W Thompson 0-679 4-16-14 John W Thompson  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Frac well #1

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**Office of Land and Water Resources**  
 P. O. Box 2309  
 Jackson, MS 39225  
**Water Well Plugging/Decommissioning Form**  
 OLWR-DF-1 (04/08)

COUNTY WELL LOCATED: <u>Wilkinson</u>		WELL NUMBER: <u>157SC066</u>
PERMIT NUMBER:	DATE WELL PLUGGED: <u>3-24-16</u>	
NAME OF FIRM PLUGGING WELL: <u>Thompson Brothers Drilling</u>	TELEPHONE NUMBER: <u>601-425-0970</u>	
NAME AND ADDRESS OF CURRENT LANDOWNER: <u>Hal-Con Resources 1000 Louisiana st ste 6700 Houston TX 77002</u>		
WELL LOCATION:	SECTION: <u>15</u>	TOWNSHIP: <u>1N</u> RANGE: <u>1W</u>
WELL LOCATION: LATITUDE: <u>31° 04' 29.1"</u>	LONGITUDE: <u>91° 10' 51.6"</u>	METHOD (CIRCLE ONE): (1) USGS QUAD (2) CONVENTIONAL SURVEY (3) GPS - HAND HELD OR SURVEY GRADE
DISTANCE: <u>6</u>	DIRECTION: <u>W</u>	NEAREST TOWN: <u>Centerville</u> OTHER LANDMARK:
WELL PURPOSE (HOME, IRRIGATION, MUNICIPAL, ETC.): <u>Rig supply</u>		
NAME OF WELL CONTRACTOR WHO DRILLED THE WELL: <u>Thompson Brothers</u>		
NAME OF LANDOWNER WHEN WELL WAS DRILLED: <u>Hal-Con Resources</u>		

WELL DATA			
WELL DEPTH: <u>675</u>	HOLE DEPTH: <u>690</u>		
CASING DIAMETER (IN.): <u>4</u>	CASING LENGTH (FT.): <u>615</u>	TYPE OF CASING: <u>PVC</u>	
DEPTH TO STATIC WATER LEVEL: <u>228</u>	DATE WELL COMPLETED: <u>4-4-16</u>		
WHY IS THE WELL BEING ABANDONED? <u>No longer needed</u>			

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PLACING MATERIAL, ETC.)

ran drill pipe to bottom of well.  
pumped bentonite "Grantwell DF" slurry to surface.  
cut casing below ground.

I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.

John W Thompson  
 POINT NAME

John W Thompson  
 SIGNATURE

0-679  
 MS LICENSE NUMBER

3-28-16  
 DATE