

frac Well # 2

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 #: 567
Aquifer: _____
E-Log #: _____

County: Wilkinson
Permit #: _____
Driller: John W Thompson
Date drilling completed: 4-7-14

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Hal Con Resources</u>	Latitude: <u>31°04'30.1"</u> Longitude: <u>91°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 _____	<u>SE 1/4 SE 1/4, Sec 15 T 1 N R 1 W</u>
Telephone No. (____) _____	<u>6</u> Miles <u>W</u> of <u>Centerville</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 4-7-14 Date drilling completed: 4-9-14 Hole depth: 523 Hole diameter: 7

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

Method of dosing and volume of Chlorine used in drilling and development: add 4 gallons bleach

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

Name of organization running log(s): _____

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: 194 feet [above or below] land surface Date measured: 4-9-14
(circle one)

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

Well depth: 520 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 460 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 460 feet to 520 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

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)

County: Wilkinson
Permit #: _____
Driller: John W Thompson
Date completed: 4-9-14
Copy information from block on Part 1

For Office Use Only:
Well #: 567
Aquifer: _____

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 Can Resources</u>			Latitude: <u>31°04'30.1"</u>	Longitude: <u>91°10'57.6"</u>	
Mailing Address: <u>1000 Louisiana st ste 6700</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Houston TX 77002</u>			<u>SE ¼ SE ¼, Sec 15 T 1N R 1W</u>		
City _____	State _____	Zip Code _____			
Telephone No. (____) _____			<u>6</u> Miles <u>W</u> of <u>Centerville</u> (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: 15 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: 273 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
Date Well Tested: 4-9-14 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 194 Feet Below Land Surface Pumping Water Level (B): 230 Feet Below Land Surface
Drawdown [(B) - (A)]: 36 Feet Below Land Surface Test Pumping Rate: 60 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.
Print Name of Pump Installer and License No. (if applicable) _____ Date _____ Signature of Pump Installer _____

Frac well #2

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>15750067</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</u>		<u>1000 Louisiana st ste 600</u>
		<u>Houston TX 77002</u>
WELL LOCATION:	SECTION: <u>15</u>	TOWNSHIP: <u>1N</u> RANGE: <u>1W</u>
WELL LOCATION: LATITUDE: <u>31° 04' 30.1"</u>	LONGITUDE: <u>91° 0' 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>520</u>	HOLE DEPTH: <u>523</u>		
CASING DIAMETER (IN.): <u>4</u>	CASING LENGTH (FT.): <u>460</u>	TYPE OF CASING: <u>PVC</u>	
DEPTH TO STATIC WATER LEVEL: <u>194</u>	DATE WELL COMPLETED: <u>4-7-14</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
 PRINT NAME

John W Thompson
 SIGNATURE

0-679
 MS LICENSE NUMBER

3-28-16
 DATE