

CFU 27-3

### 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)

For Office Use Only:	
Aquifer:	_____
Well #:	<u>E-42</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>Adams</u>
Permit #:	_____
Driller:	<u>John W Thompson</u>
Date drilling completed:	<u>3-4-08</u>

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>Denbury Onshore</u>		Latitude:	_____ " Longitude:	_____ "
Mailing Address:	<u>P.O. Box 6506</u>		Method of Lat/Long (circle one): Conventional Survey,		
	<u>Laurel MS</u>		USGS quad, Hand-held GPS, Survey-grade GPS		
City	State	Zip Code	_____ 1/4 _____ 1/4 Sec	<u>27</u> Twn	<u>7N</u> Rng
Telephone No. ( )	_____		Distance	Direction	Nearest Town
	_____		<u>10</u> Miles	<u>E</u> of	<u>Natchez</u>

Well Data						
Purpose of Well (circle one)	Home	Industrial	Public Supply	Irrigation	Fish Culture	Other: <u>Rig Supply</u>
Date well drilling started:	<u>3-3-08</u>		Date well drilling completed:	<u>3-4-08</u>		
If flowing, method of flow regulation:	Valve _____	Other (describe) _____				
Static Water Level:	<u>88</u> feet above or below (circle one) land surface	Date measured:	<u>3-4-08</u>			
Method of Measurement (circle one)	steel tape	<u>electric tape</u>	air line	other: _____		
Hole depth:	<u>280</u>	Well depth:	<u>270</u>	Well grouted to a depth of	<u>20</u> feet	
Type of grout (circle one):	Cement	<u>Bentonite</u>	Mix	_____		
Casing length:	<u>240</u> feet	Casing diameter:	<u>4</u> inches	Type of casing:	<u>PVC</u>	
Screen length:	<u>30</u> feet	Screen diameter:	<u>4</u> inches	Type of screen:	<u>PVC Slotted</u>	
Screen slot size:	<u>.020</u> inches	Setting depth: From	<u>240</u> feet to	<u>270</u> feet		
Type of completion (circle all applicable):	Gravel packed	Underreamed	Telescoped	Open hole	<u>Natural Development</u>	
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): <u>No log run</u> 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 0-679  
Print Name of Water Well Contractor and License No.

John W Thompson  
Signature of Water Well Contractor

RECEIVED  
MAR 11 2008  
BY: OLWP

E-42

If well telescopes please sketch below and show depths

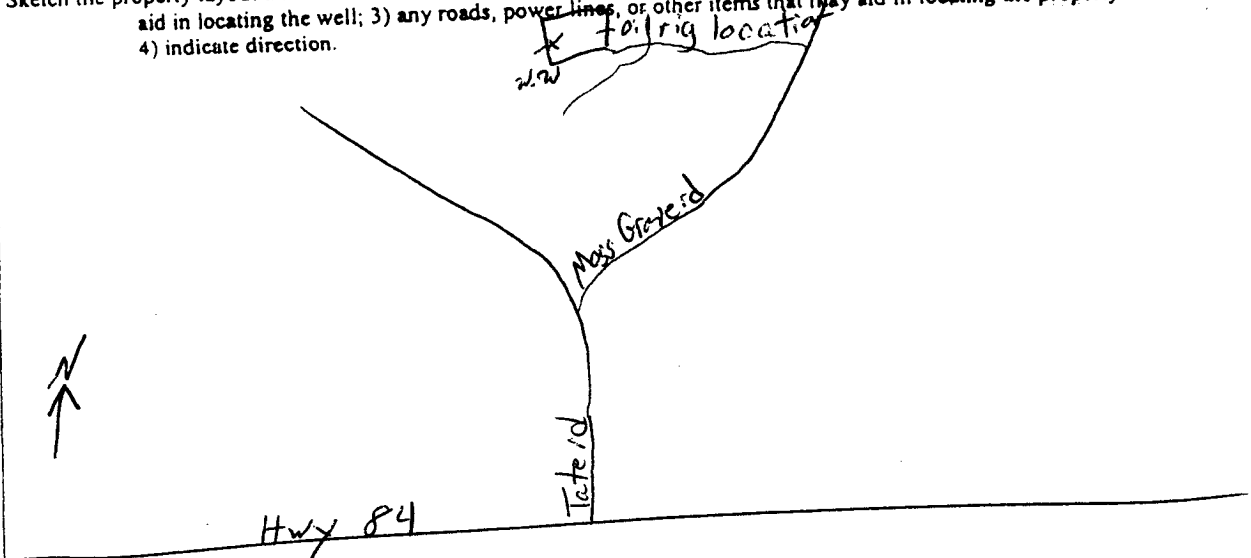
Ground Level

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Description of Formations Encountered	From	To
clay	0	30
sand & gravel	30	57
rock	57	58
clay	58	165
clay & few sand strips	165	200
sand & clay strips	200	230
sand & pea gravel	230	270
clay	270	280

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: Danbury Onshore

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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-42  
 Elevation: \_\_\_\_\_

County: Adams  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 3-4-08

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	Well Location
Owner Name: <u>Dunbury Onshore</u> Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u> _____ City State Zip Code Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>UBGS quad</u> , <u>Hand-held GPS</u> , <u>Survey-grade GPS</u> <u>1/4</u> _____ <u>1/4</u> Sec. <u>27</u> Twn <u>TN</u> Rng <u>1W</u> Distance Direction Nearest Town <u>10</u> Miles <u>E</u> of <u>Natchez</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal Other (specify): _____ Date Pump Installed: <u>3-4-08</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>7 1/2</u> Setting Depth: <u>140</u> feet Number of Stages: _____
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-4-08</u> Static Water Level (A): <u>88</u> Feet Below Land Surface Pumping Water Level (B): <u>95</u> Feet Below Land Surface Drawdown ((B)-(A)): <u>7</u> Feet Below Land Surface Test Pumping Rate: <u>100</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>100</u> GPM with a drawdown of <u>7</u> feet after <u>4</u> hours of pumping

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

John W. Thompson  
 Signature of Pump Installer