

CFU 28 F - 1#1

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 #: E 48
L. S. Elevation: _____
E-log #: _____

County: Adams
Permit #: _____
Driller: John W Thompson
Date drilling completed: 5-28-09

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: <u>31.34.24"</u> Longitude: <u>91.09.20"</u>
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1R</u> $\frac{1}{2}$ <u>1R</u> $\frac{1}{2}$ Sec <u>28</u> Twn <u>7N</u> Rng <u>1W</u>
Telephone No. () _____	Distance _____ Miles Direction <u>E</u> of Nearest Town <u>Natchez</u>

Well Data

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

Date well drilling started: 5-26-09 Date well drilling completed: 5-28-09

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

Static Water Level: 153 feet above or below (circle one) land surface Date measured: 5-28-09

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

Hole depth: 483 Well depth: 470 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 310 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 & .008 inches Setting depth: From 310-330(.008) feet to 330-370(.010) 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 0-679
Print Name of Water Well Contractor and License No.

John W Thompson
Signature of Water Well Contractor

RECEIVED
MAY 28 2009
BY: OLAR

If well telescopes please sketch below and show depths

Ground Level _____

Description of Formations Encountered	From	To
	0	50
clay	80	160
sand	160	250
clay	250	268
sand	268	300
clay	300	370
sand & clay strips	370	383
clay		

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.

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Landowner Name: Denbury Onshore

John V. 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:

Acquirer: _____
Well #: E48
Elevation: _____

County: Adams
Permit #: _____
Driller: John W. Thompson
Date completed: 5-28-09
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
Owner Name: Debury Onshore
Mailing Address: P.O. Box 6506
Laurel MS
City: _____ State: _____ Zip Code: _____
Telephone No. () _____

Well Location
Latitude: 31° 34' 24" N Longitude: 91° 09' 30" W
Method of Lat/Long (check one): Conventional Survey
USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
IR _____ % IR 28 % Sec 28 T 7N R 1W
Distance _____ Miles _____ E of _____ of Matchez Nearest Town
Direction _____

Pump Type
Circle one
Air Lift Jet Piston Turbine Submersible
Centrifugal Rotary Well Flowing Well Windmill Electric Motor
Hand Tractor PTO Diesel Engine Gasoline Engine Natural Gas Power Type Circle one

Rated Pump Capacity: _____ Gallons Per Minute
Date Pump Installed: 5-28-09
Other (specify): _____

Method of Measuring Water Level
Circle one
Air Line Electric Measuring Line Steel Tape Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Pump Test Data
Date Well Tested: 5-28-09
Static Water Level (A): _____ Feet Below Land Surface
Pumping Water Level (B): 220 Feet Below Land Surface
Drawdown [(B) - (A)]: 67 Feet Below Land Surface
Test Pumping Rate: _____ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ hours

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) John W. Thompson 0-679
Signature of Pump Installer _____
Form: OLWR-SWR-1B

BY: OLWR JUN 25 2009