

CFU 46-2

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: E 49
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Adams
Permit #: _____
Driller: John W Thompson
Date drilling completed: 1-23-10

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>31.33.15</u> " Longitude: <u>91.10.03</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>IR 1/4 IR 1/4 Sec 46 Twn 7N Rng 1W</u>
Telephone No. () _____	Distance: <u>10</u> 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: 1-20-10 Date well drilling completed: 1-23-10

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

Static Water Level: 172 feet above or below (circle one) land surface Date measured: 1-23-10

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

Hole depth: 423 Well depth: 420 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 360 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 + .020 inches Setting depth: From .010 360-400 feet to .020 400-420 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
FEB 14 2010
BY: OLWR

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: Adams
Permit #: _____
Driller: John W. Thompson
Date completed: 1-23-10
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: Derby Onshore
Mailing Address: P.O. Box 6506 Laurel MS
City: _____ State: _____ Zip Code: _____
Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS, Survey-grade GPS _____
 _____ % _____ 1/4 Sec _____ 46 T 7N R 1W
Distance _____ Miles _____ E of _____ of Matchez Nearest Town

Pump Type

Circle one

Air Lift Jet Piston Turbine Submersible
Bucket Centrifugal Rotary Flowing Well Windmill Electric Motor Hand Tractor PTO Natural Gas Diesel Engine Gasoline Engine _____

Power Type

Circle one

Other (specify): _____
Horse Power Rating of Motor: _____
Setting Depth: _____ feet
Number of Stages: _____

Pump Test Data

Date Well Tested: 1-23-10
Static Water Level (A): _____ Feet Below Land Surface
Pumping Water Level (B): 180 Feet Below Land Surface
Drawdown [(B) - (A)]: 8 Feet Below Land Surface
Test Pumping Rate: _____ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ hours

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
_____ feet after _____ hours of pumping

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: OLMR-SWR-1B

RECEIVED
FEB 18 2010
BY: OLMR

For Office Use Only:

Acquirer: E 49
Well #: _____
Elevation: _____