

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-122
 L. S. Elevation: _____
 E-log #: _____

County: Amite
 Permit #: _____
 Driller: John W Thompson
 Date drilling completed: 3-5-08

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> <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>1/4</u> Sec <u>28</u> Twn <u>4N</u> Rng <u>6E</u>
Telephone No. (____) _____	Distance: <u>7</u> Miles Direction: <u>WNW</u> of Nearest Town: <u>McComb</u>

Well Data

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

Date well drilling started: 3-4-08 Date well drilling completed: 3-5-08

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

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 3-5-08

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

Hole depth: 160 Well depth: 160 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .020 inches Setting depth: From 140 feet to 160 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

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 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 39288-0631
(601)961-5210
(601)354-6938 (fax)

County: Amite
 Permit #: _____
 Driller: John W Thompson
 Date completed: 3-5-08

For Office Use Only:

Aquifer: _____
 Well #: E-122
 Elevation: _____

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>Denbury Onshore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ $\frac{1}{4}$ _____ $\frac{1}{4}$ Sec <u>28</u> Twn <u>4N</u> Rng <u>6E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>7</u> Miles <u>WNW</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____
Date Pump Installed: <u>3-5-08</u>	Home Power Rating of Motor: <u>5</u>
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Setting Depth: <u>100</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-5-08</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>42</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Pumping Water Level (B): <u>53</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Drawdown (B)-(A): <u>11</u> Feet Below Land Surface	<u>11</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>100</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W Thompson 0-6-79 John W Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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