

# 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 #: N-91  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Clarke  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 1-19-07

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: _____			_____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>2N</u> Rng <u>7W</u> <u>16E</u>		
Telephone No. ( ) _____			Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>E</u> of <u>Quitman</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>1-18-07</u> Date well drilling completed: <u>1-19-07</u>					
If flowing, method of flow regulation: Valve _____ Other (describe) _____					
Static Water Level: <u>133</u> feet above or below (circle one) land surface Date measured: <u>1-19-07</u>					
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____					
Hole depth: <u>320</u> Well depth: <u>310</u> Well grouted to a depth of <u>20</u> feet					
Type of grout (circle one): Cement <u>Bentonite</u> Mix					
Casing length: <u>290</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>					
Screen length: <u>20</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>290</u> feet to <u>310</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.					
Print Name of Water Well Contractor and License No. <u>John W Thompson 0-679</u>			Signature of Water Well Contractor <u>John W Thompson</u>		

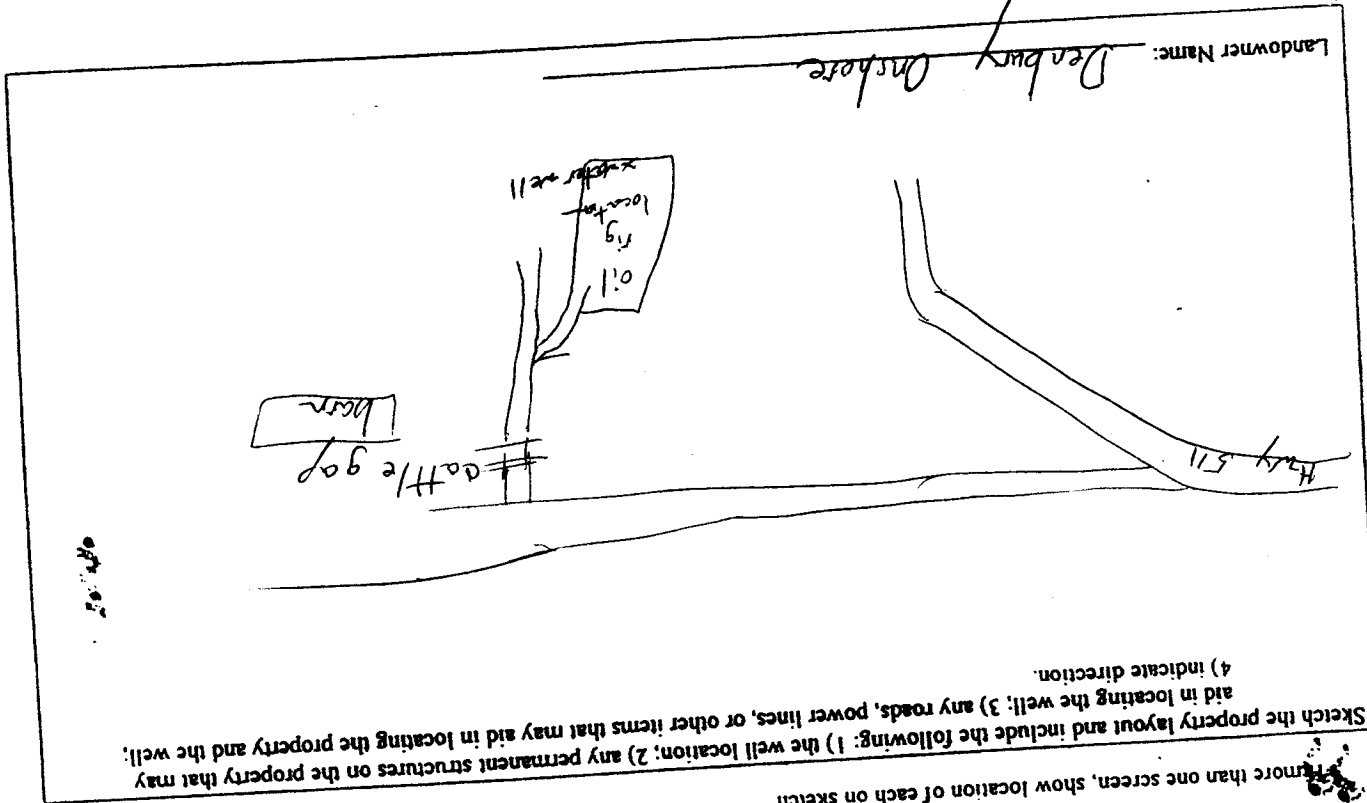
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BY: OLWF

Signature of Water Well Contractor

Landowner Name: Denbury Onshore



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.

more than one screen, show location of each on sketch

Description of Formations Encountered	
From	To
0	20
20	40
40	50
50	70
70	90
90	100
100	120
120	140
140	160
160	180
180	200
200	220
220	240
240	260
260	280
280	300
300	310
310	315

Clay  
Clay + sand strips  
Clay  
Clay  
sand  
Clay  
sand  
Clay  
sand  
Clay  
Clay

If well telescopes please sketch below and show depths

Ground Level

N

# 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: Clarke  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 1-19-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N-91  
 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> 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): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>2N</u> Rng <u>7W</u> Distance _____ Direction _____ Nearest Town <u>16 E</u> <u>4</u> Miles <u>E</u> of <u>Quitman</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Air Lift      Jet <input checked="" type="radio"/> Submersible <input type="radio"/> Bucket      Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal      Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>1-19-07</u> Rated Pump Capacity: <u>55</u> Gallons Per Minute	<input type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>200</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-19-07</u> Static Water Level (A): <u>133</u> Feet Below Land Surface Pumping Water Level (B): <u>178</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface Test Pumping Rate: <u>75</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>75</u> GPM with a drawdown of <u>45</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

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