

CFU 45F-3 elev 354

# State Well Report Part 1

County: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 3-28-11

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: E28  
 Well #: A24  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>31.31.54.1"</u>  | Longitude: <u>91.09.02.3"</u> |                             |
| 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: _____ | <u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>45</u> Twn <u>7N</u> Rng <u>1E</u> |                               |                             |
| Telephone No. ( ) _____               |              |                 | Distance <u>11</u> Miles  | Direction <u>E</u>            | 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: 3-26-11 Date well drilling completed: 3-28-11

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

Static Water Level: 190 feet above of below (circle one) land surface Date measured: 3-28-11

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

Hole depth: 510 Well depth: 500 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 560 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 560 feet to 600 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.

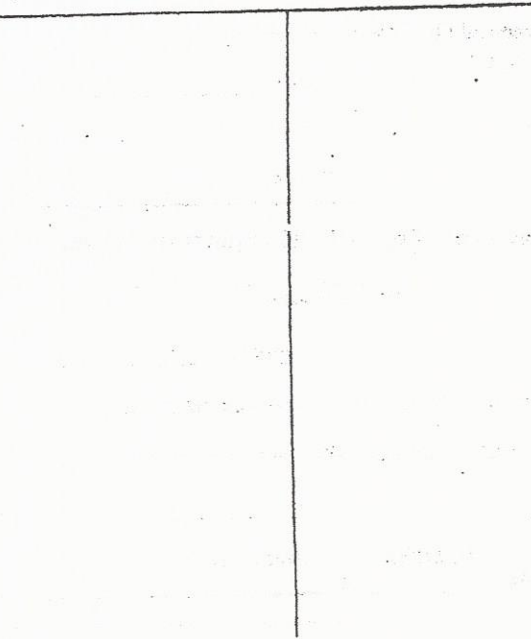
John W Thompson 0-679  
 Print Name of Water Well Contractor and License No.

John W Thompson  
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

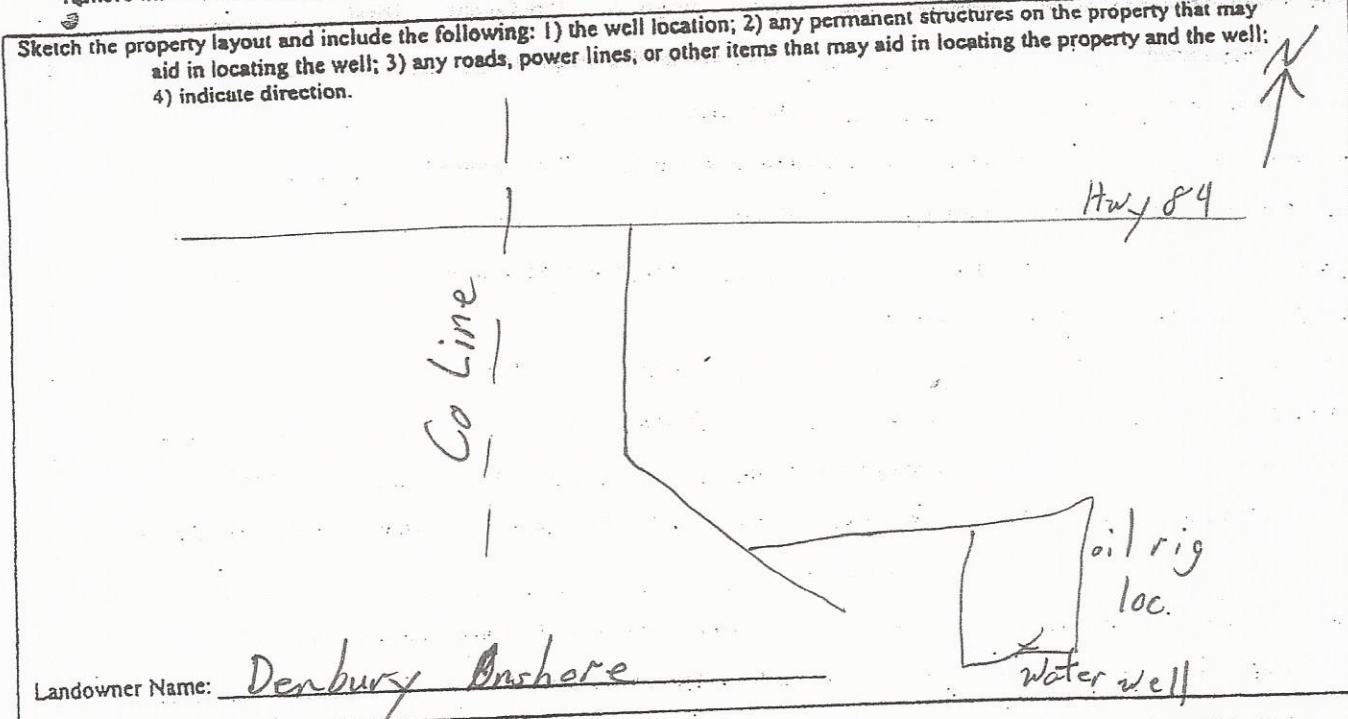
Ground Level



| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Clay                                  | 0    | 30  |
| sand                                  | 30   | 60  |
| clay                                  | 60   | 260 |
| sand                                  | 260  | 320 |
| sand & clay                           | 320  | 380 |
| clay                                  | 380  | 430 |
| sand                                  | 430  | 440 |
| clay                                  | 440  | 450 |
| sand                                  | 450  | 500 |
| hard clay                             | 500  | 510 |
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|                                       |      |     |

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: Denbury Onshore

John 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)

County: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 3-28-11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A24  
 Elevation: \_\_\_\_\_

*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                | Well Location   |
|---------------------------------------|---|
| Owner Name: <u>Danbury Onshore</u>    | Latitude: <u>31°31'54"</u> Longitude: <u>91°09'03.3"</u>                                    |
| Mailing Address: <u>P.O. Box 6506</u> | Method of Lat/Long (check one): Conventional Survey _____                                   |
| <u>Laurel MS</u>                      | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____ | <u>1R</u> ¼ <u>1R</u> ¼ Sec <u>45</u> T <u>7N</u> R <u>1E</u>                               |
| Telephone No. ( ) _____               | Distance _____ Direction _____ Nearest Town _____   |
|                                       | <u>11</u> Miles <u>E</u> of <u>Natchez</u>  |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift _____ Jet _____ <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine _____ Gasoline Engine _____ Natural Gas _____                               |
| Bucket _____ Piston _____ Turbine _____                                      | <input checked="" type="radio"/> <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ |
| Centrifugal _____ Rotary _____ Flowing Well _____                            | Windmill _____ Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>7.5</u>   |
| Date Pump Installed: <u>3-28-11</u>  | Setting Depth: <u>240</u> feet  |
| Rated Pump Capacity: <u>55</u> Gallons Per Minute                            | Number of Stages: _____   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one   |
|---|---|
| Date Well Tested: <u>3-28-11</u>                            | <input checked="" type="radio"/> <u>Air Line</u> _____ Electric Measuring Line _____ Steel Tape _____ |
| Static Water Level (A): <u>190</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>200</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet   |
| Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface     | Well yielded <u>60</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>60</u> Gallons Per Minute             | <u>10</u> feet after <u>4</u> hours of pumping  |
| Duration of Pump Test (minimum 4 hours): _____ hours        |   |

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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