

Thompson Brothers

State Well Report

Part 1

County: Jasper 061  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 8-9-04

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 #: Q-55  
 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° 55' 30"</u> Longitude: <u>89° 0' 30"</u>
Mailing Address: <u>P.O. Box 6506</u> <u>Dept. 24082</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Laurel</u> <u>MS</u> <u>39441</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>18</u> Twp <u>13N</u> Rng <u>13E</u>
Telephone No: <u>(601) 428-1998</u>	Distance Direction Nearest Town <u>2</u> Miles <u>NW</u> of <u>Heidelberg</u>

Well Data

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

Date well drilling started: 8-5-04 Date well drilling completed: 8-9-04

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

Static Water Level: NA feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 570' Well depth: NA Well grouted to a depth of \_\_\_\_\_ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: NA feet Casing diameter: NA inches Type of casing: NA

Screen length: NA feet Screen diameter: NA inches Type of screen: NA

Screen slot size: NA inches Setting depth: From NA feet to NA 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): DER

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.

Thompson Bros 0-0679 John W. Thompson  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

No significant water formation. Hole was plugged with no casing being run.

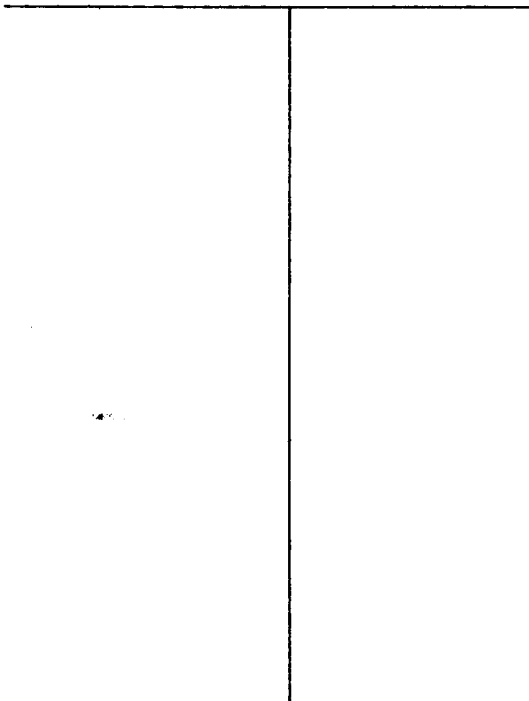
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BY: OLWR

If well telescopes please sketch below and show depths.

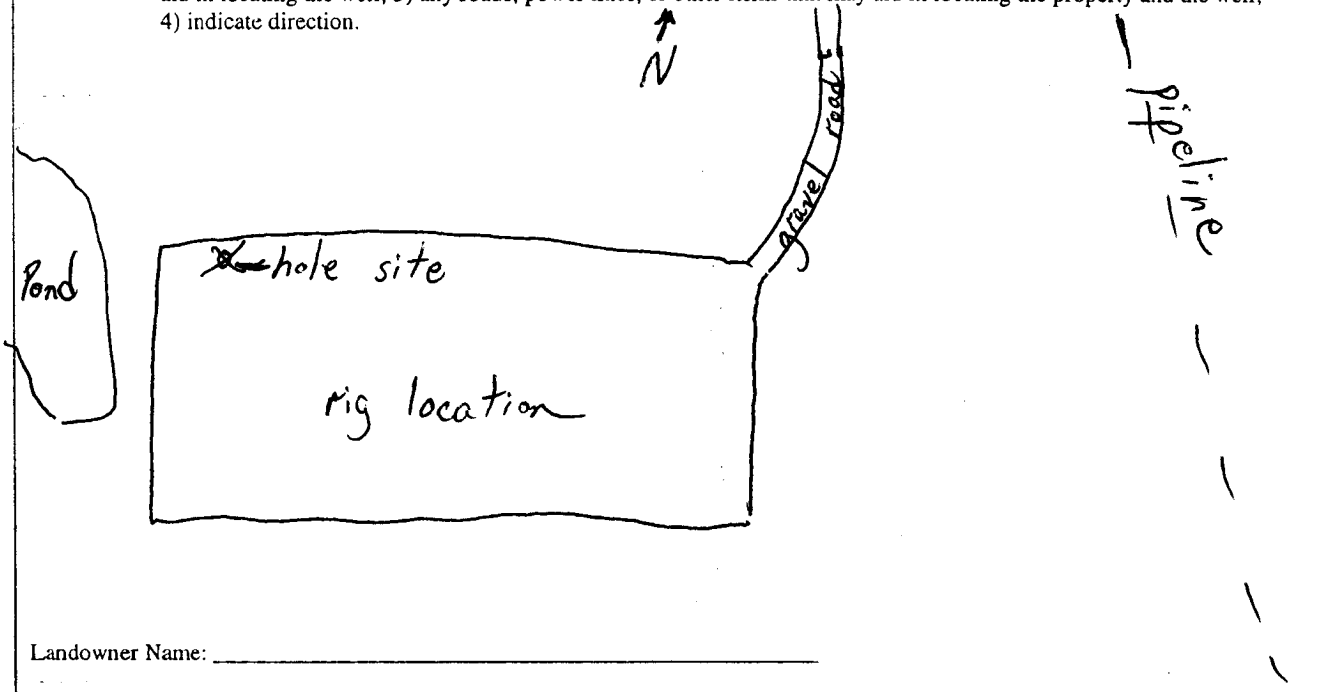
Ground Level



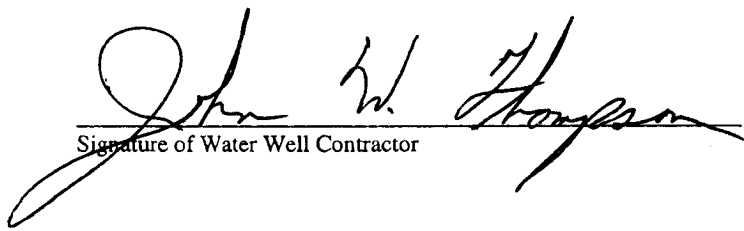
Description of Formations Encountered	From	To
red clay	0	10
blue gumpo clay	10	260
blue shale	260	380
seashells + clay	380	460
fine sand + clay	460	530
clay	530	560
hard clay	560	580

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.



Landowner Name: \_\_\_\_\_

  
 Signature of Water Well Contractor