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BY: OLWR

State Well Report

Part I

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: Jasper  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date drilling completed: 1-12-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: Q-56  
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° 5'</u> Longitude: <u>89° 0'</u>
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel, MS 39441</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>13</u> Twn <u>1N</u> Rng <u>13E</u>
Telephone No. <u>(601) 428-1998</u>	Distance: <u>2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Heidelberg</u>

Well Data

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

Date well drilling started: 1-10-05 Date well drilling completed: 1-12-05

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

Static Water Level: 167 feet above or below (circle one) land surface Date measured: 1-12-05

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

Hole depth: 443 Well depth: 433 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 413 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: .010 inches Setting depth: From 405 feet to 425 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

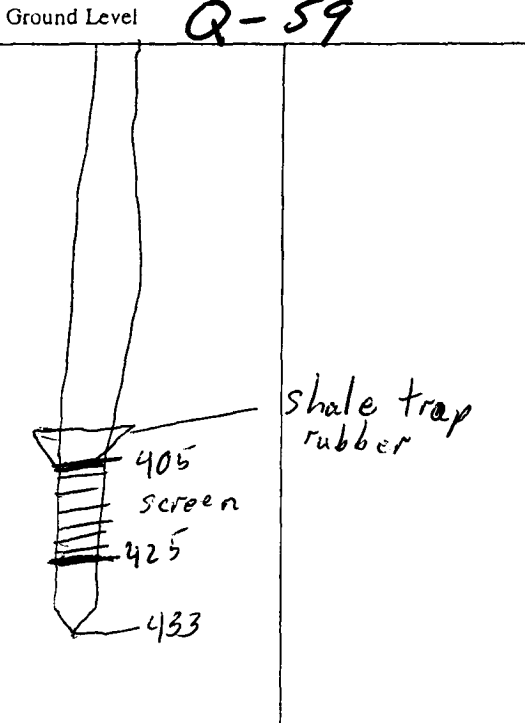
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

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

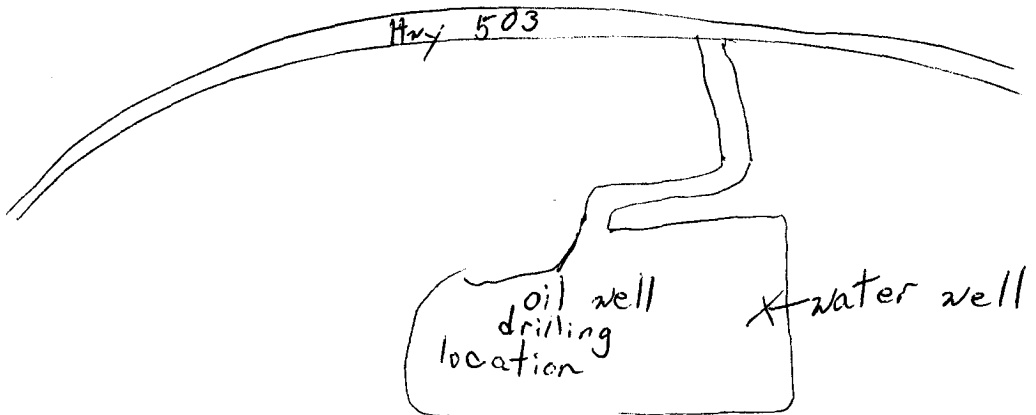
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
red clay	0	20
blue clay	20	60
rock	60	61
blue clay	61	280
blue shale	280	388
seashells & clay	388	410
good sand	410	425
blue shale	425	443

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: Denbury Onshore

*John W. Thompson*  
Signature of Water Well Contractor

SECRET

# 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: Jasper  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date completed: 1-12-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: Q-56  
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: <u>31° 55'</u> Longitude: <u>89° 0'</u>
Mailing Address: <u>P.O. Box 6506</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Lawel, MS 39441</u>	<u>SW 1/4 SW 1/4 Sec 13 Twn 1N Rng 13E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>2</u> Miles <u>NW</u> of <u>Heidelberg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2</u>
Date Pump Installed: <u>1-18-05</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>167</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>181</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of
Test Pumping Rate: <u>75</u> Gallons Per Minute	<u>14</u> feet after <u>4</u> hours of pumping
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 0-0679  
Print Name of Pump Installer and License No. (if applicable)

John W. Thompson  
Signature of Pump Installer