

# 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 #: R-41  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jasper  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: \_\_\_\_\_

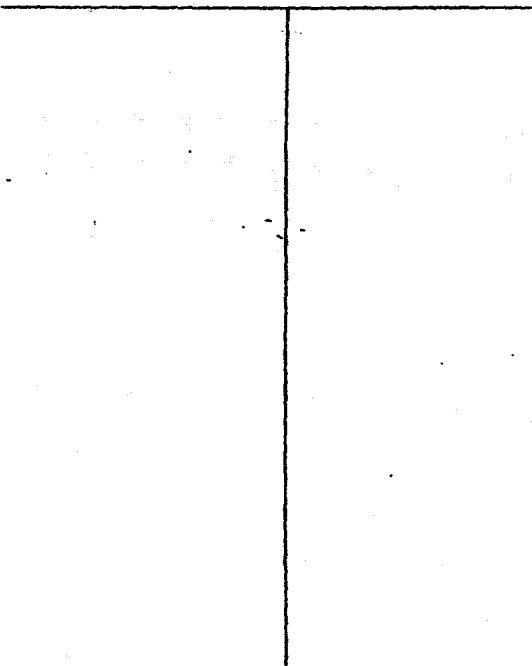
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Denbury Onshore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 6506</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Laurel MS</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>21</u> Twn <u>10N</u> Rng <u>13W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>SE</u> of <u>Stringer</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>3-29-07</u> Date well drilling completed: <u>3-29-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>25</u> feet above or below (circle one) land surface Date measured: <u>3-29-07</u>	
Method of Measurement (circle one) steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line other: _____	
Hole depth: <u>125</u> Well depth: <u>120</u> Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one): Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>100</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>100</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <input checked="" type="radio"/> 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): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> 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.	
<u>John W Thompson 0-679</u>	<u>John W Thompson</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

R-41

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
red clay	0	20
clay	20	30
sand & pea gravel	30	125

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

# 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 J. John W. Thompson  
 Date completed: 3-29-07

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: R-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>	Latitude: _____ Longitude: _____
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 _____	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>10N</u> Rng <u>13W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>SE</u> of <u>Stringer</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <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): _____ Date Pump Installed: <u>3-29-07</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>100</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-29-07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>31</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface	<u>6</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 0-679      John W. Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer