

SSFU 22-14# 2

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: R 50
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: John W Thompson
Date drilling completed: 1-20-12

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>31.48.58"</u> Longitude: <u>89.17.43"</u> |
| Mailing Address: <u>500 Central Ave</u> <u>Laurel MS 39440</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>5W 1/4 4W 1/4 Sec 22 1 Twn 10N 1 Rng 13W</u> |
| City: _____ State: _____ Zip Code: _____ | Distance: <u>6</u> Miles Direction: <u>W</u> of Nearest Town: <u>Mass</u> |
| Telephone No. () _____ | |

Well Data

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

Date well drilling started: 1-20-12 Date well drilling completed: 1-20-12

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

Static Water Level: 44 feet above or below (circle one) land surface Date measured: 1-20-12

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

Hole depth: 270 Well depth: 260 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 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: 0.008 inches Setting depth: From 220 feet to 260 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

RECEIVED
FEB 16 2012
BY: OLWR

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: 1-20-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: R50
 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>Denbury Onshore</u> | Latitude: <u>31°48'58"</u> Longitude: <u>89°17'43"</u> |
| Mailing Address: <u>500 Central Ave</u> <u>Laurel MS 39440</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____ | _____ 1/4 _____ 1/4 Sec <u>22</u> T <u>10N</u> R <u>13W</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ <u>6</u> Miles <u>W</u> of <u>Mass</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift _____ Jet _____ <input checked="" type="radio"/> Submersible | Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ |
| Bucket _____ Piston _____ Turbine _____ | <input checked="" type="radio"/> Electric Motor _____ 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>1-21-12</u> | Setting Depth: <u>140</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: <u>1-20-12</u> | <input checked="" type="radio"/> Air Line _____ Electric Measuring Line _____ Steel Tape _____ |
| Static Water Level (A): <u>44</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>95</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>51</u> Feet Below Land Surface | Well yielded <u>100</u> GPM with a drawdown of |
| Test Pumping Rate: <u>100</u> Gallons Per Minute | <u>51</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 0-679 John W Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: **OLWR-SWB-14**
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 FEB 16 2012
 BY: OLWR