

Macintosh GU #3

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 #: U-48
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: John W Thompson
Date drilling completed: 8-3-08

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> <u>Laurel MS</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
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>6</u> Twn <u>10N</u> Rng <u>10W</u>
Telephone No. () _____	Distance: <u>2</u> Miles Direction: <u>SW</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: 7-28-08 Date well drilling completed: 8-3-08

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

Static Water Level: 257 feet above or below (circle one) land surface Date measured: 8-3-08

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

Hole depth: 763 Well depth: 700 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 580 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 120 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .08 inches Setting depth: From 340-380 and 620-700 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.

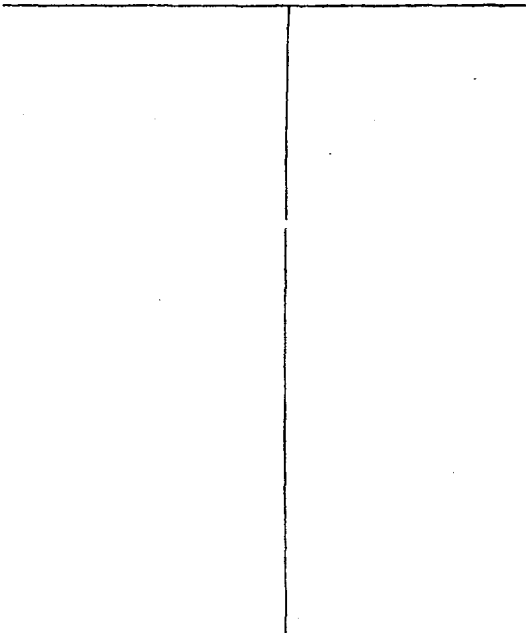
John W Thompson 0-679
Print Name of Water Well Contractor and License No.

John W Thompson
Signature of Water Well Contractor

RECEIVED
AUG 27 2008
BY: OLWR

If well telescopes please sketch below and show depths

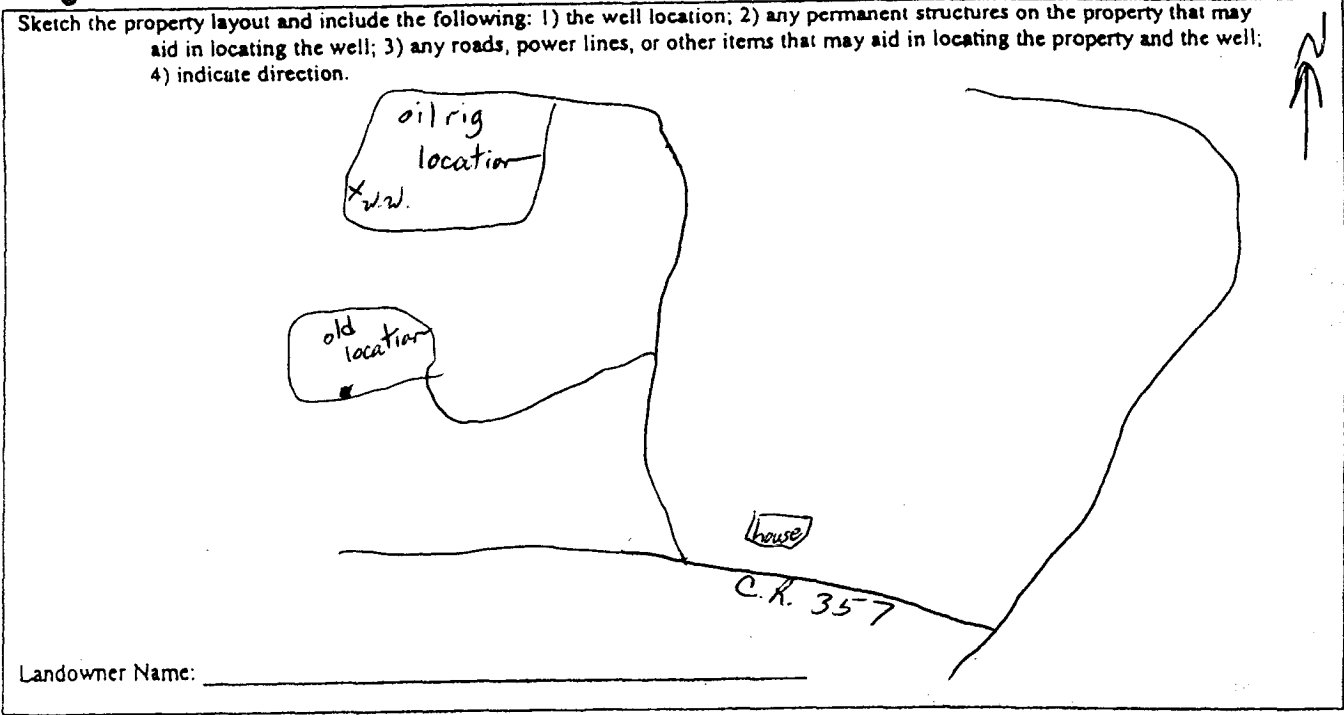
Ground Level



Description of Formations Encountered	From	To
sandy clay	0	40
clay + sand strips	40	120
clay + rock strips	120	180
clay + sand strips	180	340
sand + few clay strips	340	380
sandy clay + shale	380	620
fine sand + clay	620	700
clay + sand strips	700	763

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.



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: John W Thompson
 Date completed: 8-3-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: U-48
 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: _____ Longitude: _____
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 _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>6</u> T <u>10N</u> R <u>10W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>SW</u> of <u>Heidelberg</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Air Lift	<input type="checkbox"/> Diesel Engine
<input type="checkbox"/> Bucket	<input type="checkbox"/> Gasoline Engine
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Hand
Date Pump Installed: <u>8-3-08</u>	<input type="checkbox"/> Tractor PTO
Rated Pump Capacity: _____ Gallons Per Minute	Windmill
	Other (specify): _____
	Horse Power Rating of Motor: _____
	Setting Depth: <u>360</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-3-08</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>257</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>360</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>103</u> Feet Below Land Surface	Well yielded <u>1</u> GPM with a drawdown of
Test Pumping Rate: <u>1</u> Gallons Per Minute	<u>103</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-SWR-1B

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 AUG 27 2008
 BY: OLWR