

Shoemake 64

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)

County: Jones
 Permit #: _____
 Driller: John W Thompson
 Date drilling completed: 4-1-08

For Office Use Only:
 Aquifer: _____
 Well #: C 229
 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>Darbury Onshore</u>	Latitude: <u>31° 48' 21"</u> Longitude: <u>89° 07' 28"</u>
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 29 Twn 9N Rng 11W</u>
Telephone No. () _____	Distance: <u>2</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Sharon</u>

Well Data

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

Date well drilling started: 3-31-08 Date well drilling completed: 4-1-08

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 4-1-08

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

Hole depth: 290 Well depth: 290 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 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: .010 inches Setting depth: From 240 feet to 290 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

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APR 21 2008
BY: OLWF

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 39288-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: 239

Elevation: _____

County: Jones

Permit #: _____

Driller: John W. Thompson

Date completed: 4-1-08

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): <input type="checkbox"/> Conventional Survey,
<u>Laurel MS.</u>	<input checked="" type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>29</u> Twn <u>10N</u> Rng <u>11W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>NW</u> of <u>Sharon</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Diesel Engine
<input type="checkbox"/> Bucket	<input checked="" type="checkbox"/> Gasoline Engine
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Hand
<input type="checkbox"/> Jet	<input type="checkbox"/> Natural Gas
<input checked="" type="checkbox"/> Submersible	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Piston	<input type="checkbox"/> Windmill
<input type="checkbox"/> Turbine	Other (specify): _____
<input type="checkbox"/> Flowing Well	Horse Power Rating of Motor: _____
Other (specify): _____	Setting Depth: <u>240</u> feet
Date Pump Installed: <u>4-1-08</u>	Number of Stages: _____
Rated Pump Capacity: <u>7 1/2</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-1-08</u>	<input type="checkbox"/> Air Line
Static Water Level (A): <u>115</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	<input type="checkbox"/> Steel Tape
Drawdown ((B)-(A)): <u>65</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>100</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>100</u> GPM with a drawdown of
	<u>65</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W. Thompson 0-679
 Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
 Signature of Pump Installer