

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)

For Office Use Only:

Aquifer: _____
Well #: L-81
L. S. Elevation: _____
E-log #: _____

County: Lincoln

Permit #: _____

Driller: John W Thompson

Date drilling completed: 9-21-06

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>31.36.01</u> Longitude: <u>90.26.54</u>
Mailing Address: <u>P.O. Box 6506</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Laurel MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SE 1/4 Sec 12 Twn 6N Rng 7E</u>
Telephone No. () _____	Distance: <u>5</u> Miles Direction: <u>S</u> of Nearest Town: <u>Brookhaven</u>

Well Data

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

Date well drilling started: 9-20-06 Date well drilling completed: 9-21-06

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

Static Water Level: -2 feet (above or below (circle one) land surface) Date measured: 9-21-06

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

Hole depth: 200 Well depth: 190 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 170 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: .020 inches Setting depth: From 170 feet to 190 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 screens, 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.

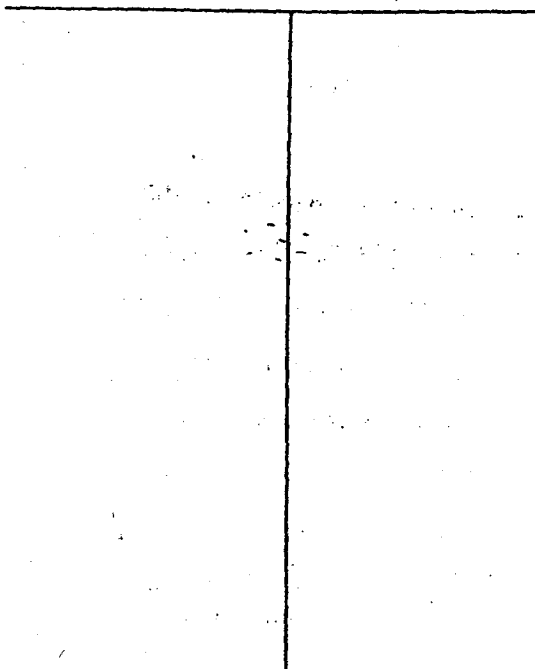
John W Thompson 0-679
Print Name of Water Well Contractor and License No.

John W Thompson
Signature of Water Well Contractor

RECEIVED
OCT 13 2006
BY: OLWR

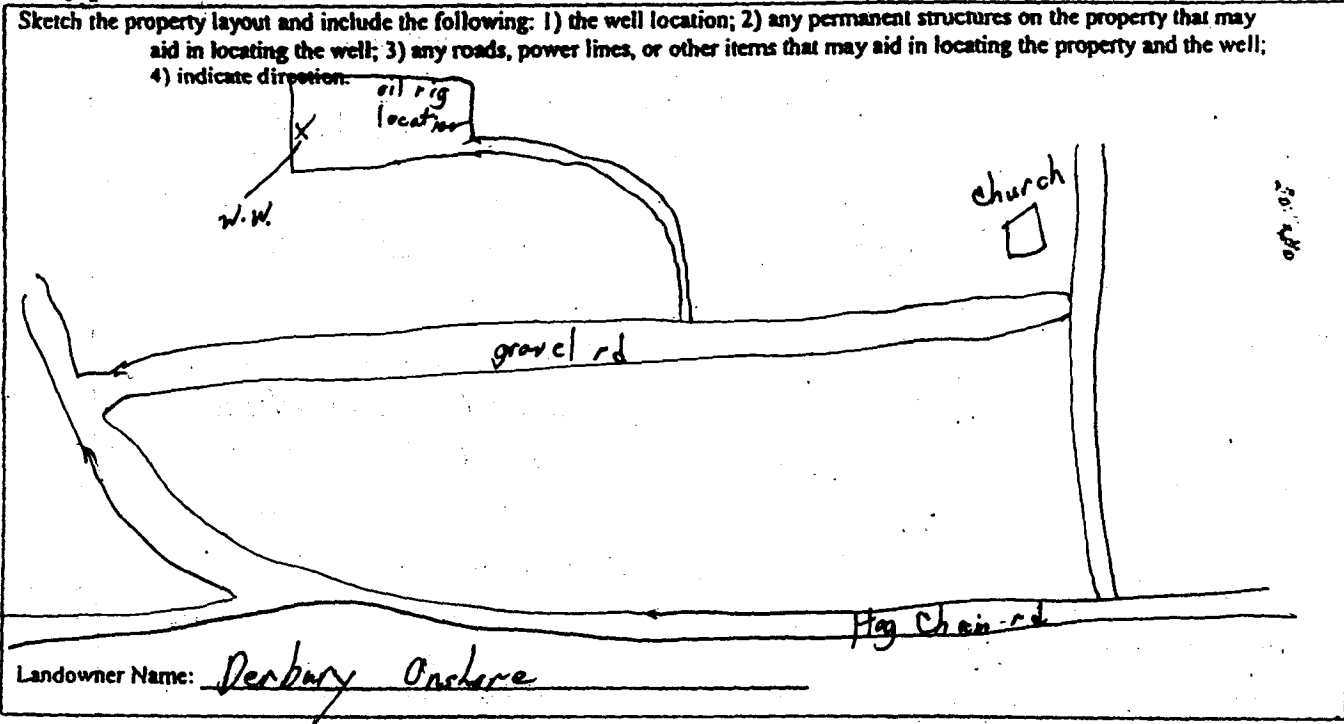
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
clay	0	15
sand	15	30
clay	30	60
clay + gravel	60	80
sand + pea gravel	80	190
clay	190	200

more than one screen, show location of each on sketch



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: Lincoln
Permit #: _____
Driller: John W Thompson
Date completed: 9-21-06

For Office Use Only:
Aquifer: _____
Well #: L-81
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>12</u> Twn <u>6N</u> Rng <u>7E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>S</u> of <u>Brookhaven</u>

Pump Type Circle one	Power Type Circle one			
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas	
<input type="checkbox"/> Bucket	<input type="checkbox"/> Piston	<input type="checkbox"/> Turbine	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Rotary	<input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill	Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>	Setting Depth: <u>60</u> feet	Number of Stages: _____	
Date Pump Installed: <u>9-21-06</u>				
Rated Pump Capacity: <u>8.5</u> Gallons Per Minute				

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: <u>9-21-06</u>	<input checked="" type="checkbox"/> Air Line	<input type="checkbox"/> Electric Measuring Line	<input type="checkbox"/> Steel Tape
Static Water Level (A): <u>-2</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>12</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>100</u> GPM with a drawdown of		
Test Pumping Rate: <u>100</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 0-679
Print Name of Pump Installer and License No. (if applicable)
John W Thompson
Signature of Pump Installer

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BY: OLWR