

W MU 20-

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 #: 171-175
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: John W Thompson
Date drilling completed: 4-8-08

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>Debury Onshore</u>	Latitude: <u>31° 28' 45"</u> Longitude: <u>90° 25' 21"</u>
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NW 1/4 NE 1/4 Sec 20</u> Twn <u>6N</u> Rng <u>8E</u>
Telephone No. () _____	Distance _____ 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: 4-7-08 Date well drilling completed: 4-8-08

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

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 4-8-08

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 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 150 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 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
APR 15 2008
BY: OLWR

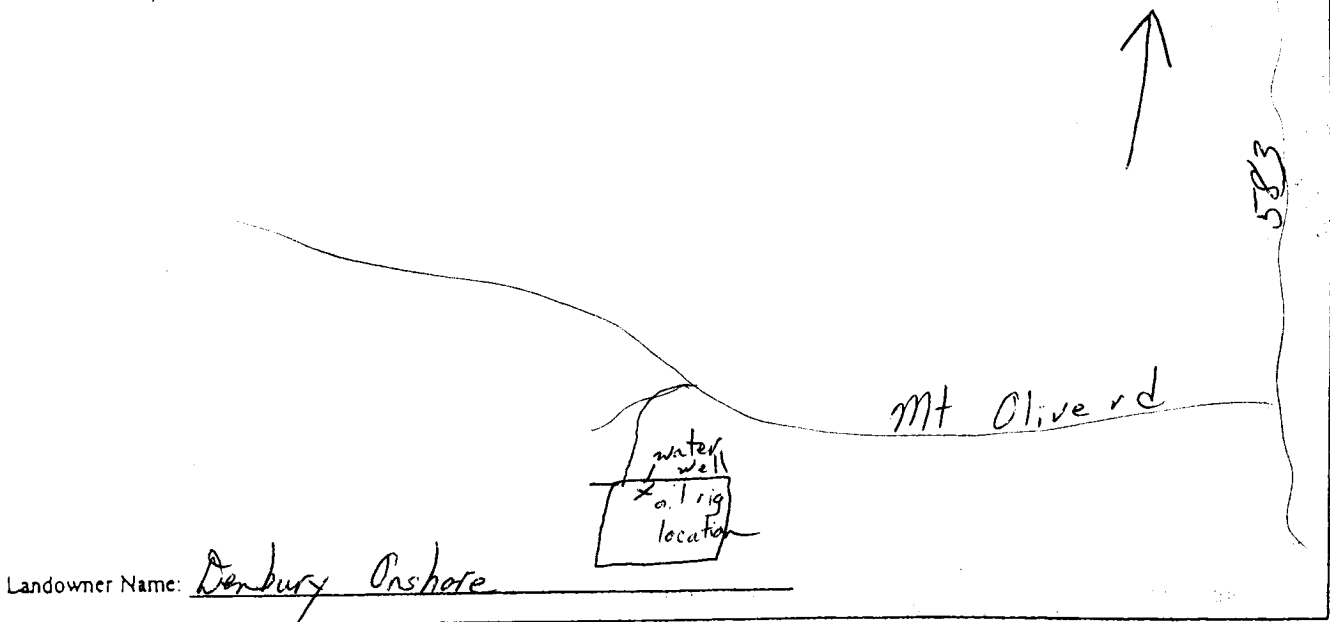
If well telescopes please sketch below and show depths

Ground Level

Description of Formations Encountered	From	To
sandy clay	0	5
sand & gravel	5	25
clay gravel	25	40
clay	40	130
clay + sand strips	130	150
sand	150	190

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.



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: Lincoln
 Permit #: _____
 Driller: John W. Thompson
 Date completed: 4-8-08

For Office Use Only:

Aquifer: _____
 Well #: DL-175
 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> Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS.</u> _____ City State Zip Code Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>UBOS quad, Hand-held GPS, Survey-grade GPS</u> _____ 1/4 _____ 1/4 Sec <u>20</u> Twp <u>6N</u> Rng <u>8E</u> Distance Direction Nearest Town <u>7</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"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>4-8-08</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill <input type="checkbox"/> Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>60</u> feet Number of Stages: _____
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-8-08</u> Static Water Level (A): <u>5</u> Feet Below Land Surface Pumping Water Level (B): <u>25</u> Feet Below Land Surface Drawdown ((B)-(A)): <u>20</u> Feet Below Land Surface Test Pumping Rate: <u>100</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>100</u> GPM with a drawdown of <u>20</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 John W. Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer