

WMMU 12-8

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 #: L-87
L. S. Elevation: M198
E-log #: _____

County: Lincoln
Permit #: _____
Driller: John W Thompson
Date drilling completed: 4-25-07

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° 30' 12"</u> Longitude: <u>90° 26' 46"</u> |
| Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>SW 1/4 NW 1/4 Sec 12 Twn 6N Rng 7E</u> |
| Telephone No. () _____ | Distance: <u>4</u> Miles Direction: <u>7</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: 4-25-07 Date well drilling completed: 4-25-07

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

Static Water Level: 11 feet above or below (circle one) land surface Date measured: 4-25-07

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

Hole depth: 203 Well depth: 200 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 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 180 feet to 200 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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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: Lincoln
 Permit #: _____
 Driller: John W Thompson
 Date completed: 4-25-07

For Office Use Only:

Aquifer: M198
 Well #: 187
 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 <u>7</u> Nearest Town <u>8E</u> |
| | <u>4</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"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>4-25-07</u> Rated Pump Capacity: <u>8.5</u> Gallons Per Minute | <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>60</u> feet Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>4-25-07</u> | Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape |
| Static Water Level (A): <u>41</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>38</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>27</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>27</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

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 JUN 8 2007
 BY: OLWR