

Anderson Estates

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: T
Well #: T81
L. S. Elevation: 308
E-log #: _____

County: Madison
Permit #: _____
Driller: John W Thompson
Date drilling completed: 4-28-10

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>32.29</u> .50 " Longitude: <u>90.03</u> 96 "		
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>98</u> $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>36</u>	Twn <u>8N</u>	Rng <u>2E</u>
Telephone No. ()			<u>SW</u> Distance <u>3</u> Miles	Direction <u>NE</u>	Nearest Town <u>Madison</u>

Well Data

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

Date well drilling started: 4-26-10 Date well drilling completed: 4-28-10

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

Static Water Level: 128 feet above or below (circle one) land surface Date measured: 4-28-10

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

Hole depth: 563 Well depth: 560 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 480 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 480 feet to 560 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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MAY 03 2010
BY: OLIVE

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)

For Office Use Only:

Aquifer: _____

Well #: T81

Elevation: _____

County: Madison

Permit #: _____

Driller: John W Thompson

Date completed: 4-28-10

Copy information from block on Part 1

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: <u>32°29'48"</u> Longitude: <u>90°02'52"W</u>
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>	Method of Lat/Long (check 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>SE 1/4 NW 1/4 Sec 36 T 8 N R 2 E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>3 Miles NE of Madison</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	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"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>4-28-10</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-28-10</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>128</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>164</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>36</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>36</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

Form: OLWR-SWR-1B

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MAY 03 2010

BY: OLW/P