

Gluckstad Co<sup>2</sup>

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: T85  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Madison  
Permit #: MS-GW-17097  
Driller: John W Thompson  
Date drilling completed: 10-4-13

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>			Well or Borehole Location		
Owner Name: <u>Denbury Onshore</u>			Latitude: <u>32°29'53"</u> Longitude: <u>90°03'19"</u>		
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City	State	Zip Code	SE <u>1/4</u> NE <u>1/4</u> , Sec <u>36</u> T <u>8N</u> R <u>2E</u>		
Telephone No. (____) _____			1.5 Miles <u>SE</u> of <u>Gluckstad</u>		
			(Distance) (Direction) (Nearest Town)		

**Well / Borehole Data**

Date drilling started: 9-16-13 Date drilling completed: 10-4-13 Hole depth: 1116 Hole diameter: 11"  
 Location of the source of any surface water used for drilling: Water well  
 Method of dosing and volume of Chlorine used in drilling and development: add 20 gallons bleach  
 Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: logged test hole  
 Name of organization running log(s): Teaco (test hole)  
 Purpose of borehole (circle one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  
 Seismic Survey  Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): Home  Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 277 feet [above or  below] land surface Date measured: 10-4-13  
 (circle one)  
 Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_  
 Well depth: 1116 Well grouted to a depth of: \_\_\_\_\_ feet Type of grout (circle one): Neat Cement  Bentonite  Mix  
 Casing length: 1033 feet Casing diameter: 7 inches Type of casing: Steel  
 Screen length: 42 feet Screen diameter: 4 inches Type of screen: St. St. pipe base  
 Screen slot size: .008 inches Setting depth: From 1074 feet to 1116 feet  
 Type of completion (circle all applicable): Gravel packed  Underreamed  Open hole  Natural Development   
 Other (describe): \_\_\_\_\_  
 Top of lap pipe or reduction in casing: 1023 feet

*If telescoped or more than one screen, describe on next page*

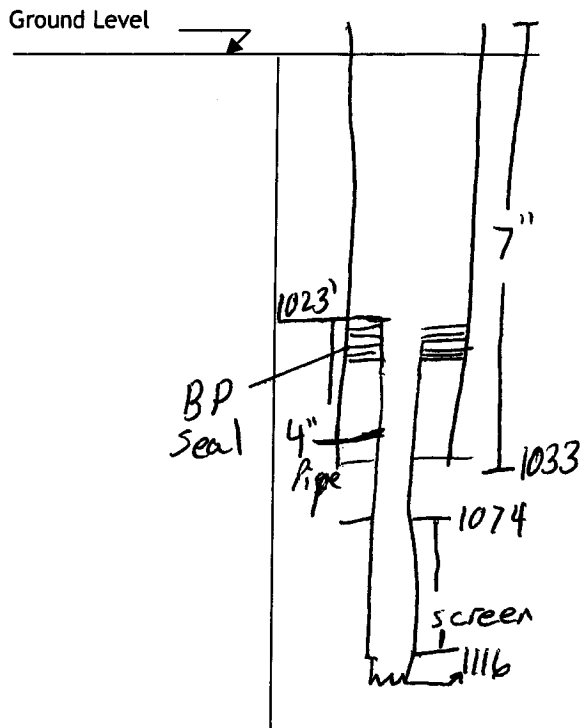
RECEIVED  
NOV 07 2013  
BY: OLWR

County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: T85

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	200
Sand & clay	200	500
Sand	500	540
clay	540	720
Sand & clay	720	980
Sand	980	1116

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) north arrow

RECEIVED  
 NOV 9 2013  
 BY: OLWR

Landowner Name: Denbury Onshore

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

John W Thompson 0-679 10-9-13 John W Thompson  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

### For Office Use Only:

Well #: T89  
Aquifer: \_\_\_\_\_

County: Madison  
Permit #: MS-CW-17097  
Driller: John W Thompson  
Date completed: 10-4-13  
**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°29'53"</u>	Longitude: <u>90°03'19"</u>	
Mailing Address: <u>P.O. Box 6506</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Laurel MS</u>			_____ 1/4 _____ 1/4, Sec <u>36</u> T <u>8N</u> R <u>2E</u>		
City _____	State _____	Zip Code _____	_____ 1.5 Miles <u>SE</u> of <u>Gluckstadt</u>		
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)		

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 10-24-13 Rated Pump Capacity: 200 Gallons Per Minute  
Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**  
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 30 Setting Depth: 357 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 11-4-13 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 273 Feet Below Land Surface Pumping Water Level (B): 305 Feet Below Land Surface  
Drawdown [(B) - (A)]: 32 Feet Below Land Surface Test Pumping Rate: 220 Gallons Per Minute  
Method of measurement (circle one): Steel tape  Electric tape  Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
Measured shut in head: \_\_\_\_\_ feet.  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
Is This Meter (circle one):  New  Repaired  Replacement  
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
John W Thompson 0-679 10-9-13 John W Thompson  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer