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BY: OLWR

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)

County Pike
Permit # _____
Driller: John W. Thompson
Date drilling completed: 9-8-05

For Office Use Only:
Aquifer: _____
Well #: B-170
L. S. Elevation: _____
E-log #: _____

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: _____ Longitude: _____
Mailing Address: <u>P.O. Box 506</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>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>4N</u> Rng <u>8E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>NE</u> of <u>McComb</u>

Well Data

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

Date well drilling started: 9-8-05 Date well drilling completed: 9-8-05

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

Static Water Level: 10' feet above or below (circle one) land surface Date measured: 9-8-05

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

Hole depth: 100 Well depth: 95 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length 75 feet Casing diameter: 4 inches Type of casing: PVC

Screen length 20 feet Screen diameter: 4 inches Type of screen: PVC Slatted

Screen slot size: .020 inches Setting depth: From 75 feet to 95 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 0-0679
Print Name of Water Well Contractor and License No.

John W. Thompson
Signature of Water Well Contractor

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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: Pike
Permit #: _____
Driller: John W. Thompson
Date completed: 9-8-05

For Office Use Only:
Aquifer: _____
Well #: B-170
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 Anshure</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 506</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>8</u> Twn <u>4N</u> Rng <u>8E</u>
Telephone No. (_____) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>NE</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diescl Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>9-9-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>60</u> Feet Below Land Surface	Well yielded <u>55</u> GPM with a drawdown of
Test Pumping Rate: <u>55</u> Gallons Per Minute	<u>60</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 0-0679
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer