

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:

County Pike 113
Permit #
Driller J.P. Thompson
Date drilling completed: 1/29/05

Aquifer
Well #: D-220
L. S. Elevation:
E-log #:

Thompson Brothers Water Well Service

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: DEN BURY ONSHORE L.L.C., P.O. BOX 6506, LAUREL MS, 39441, 601-428-1998
Well Location: NW 1/4 SE 1/4 Sec 9, Twn 3N, Rng 7E, 3 Miles WEST of ME COMB

Well Data: Purpose of Well (Other: rig supply), Date well drilling started/completed: 1/29/05, Static Water Level: 65 feet, Method of Measurement: air line, Hole depth: 150, Well depth: 150, Well grouted to a depth of 10 feet, Type of grout: Bentonite, Casing length: 130, Casing diameter: 4 inches, Type of casing: P.V.C., Screen length: 20, Screen diameter: 4 inches, Type of screen: SLOTTED, Screen slot size: .020 inches, Setting depth: From 130 feet to 150 feet, Type of completion: Gravel packed, Top of lap pipe or reduction in casing: NA, Logs run: No log run

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.
THOMPSON BROTHERS DRILLING INC.
Signature of Water Well Contractor: J.P. Thompson

Print Name of Water Well Contractor and License No.
RECEIVED FEB 18 2005 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: J.P. Thompson  
Date completed: 1-29-05

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 LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 6506</u> <u>Laurel MS 39441</u>	Method of Lat/Long (circle one): Conventional Survey: _____ USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>9</u> Twn <u>3N</u> Rng <u>7E</u>
Telephone No. <u>(601) 428 1998</u>	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>West</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>2-4-05</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-4-05</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>105</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of
Test Pumping Rate: <u>75</u> Gallons Per Minute	<u>40</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 John W. Thompson  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

**RECEIVED**  
**FEB 18 2005**  
**BY: OLWR**