

State Well Report

Part I

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 113
Permit # _____
Driller: John W. Thompson
Date drilling completed: 3-8-05

For Office Use Only:

Aquifer: _____
Well #: D-221
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	Well Location
Owner Name: <u>Denbury Onshore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. 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: _____	_____ 1/4 _____ 1/4 Sec <u>16</u> Twn <u>3N</u> Rng <u>7E</u>
Telephone No (____) _____	Distance: _____ Miles Direction: <u>SW</u> of Nearest Town: <u>McComb</u>

Well Data

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

Date well drilling started: 3-8-05 Date well drilling completed: 3-8-05

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

Static Water Level: 78 feet above or below (circle one) land surface Date measured: 3-8-05

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

Hole depth: 160 Well depth: 160 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length 140 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 140 feet to 160 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 John W. Thompson
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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MAR 24 2005
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

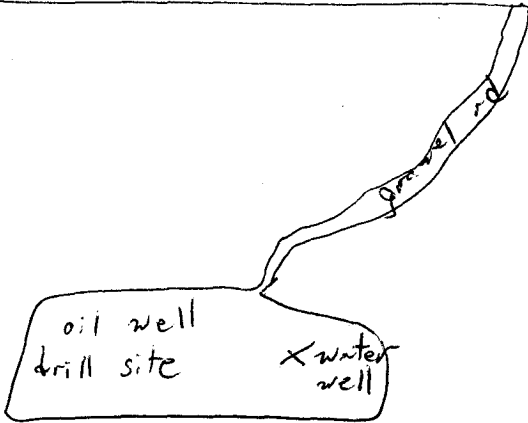
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
sand & clay	0	105
clay	105	120
sand	120	160

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

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) indicate direction.



Landowner Name: Denbury Onshore

John V. Thompson
Signature of Water Well Contractor

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 #: D 221

Elevation: _____

County: Pike

Permit #: _____

Driller: John W. Thompson

Date completed: 3-8-05

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

Owner Name: Denbury Onshore

Mailing Address: P.O. Box 6506
Laurel, MS 39441

City State Zip Code

Telephone No.: (____) _____

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 16 Twn 3N Rng 7E

Distance Direction Nearest Town

1 Miles SW of McComb

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 3-8-05

Rated Pump Capacity: 55 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Horse Power Rating of Motor: _____

Setting Depth: 140 feet

Number of Stages: _____

Pump Test Data

Date Well Tested: 3-8-05

Static Water Level (A): 78 Feet Below Land Surface

Pumping Water Level (B): 86 Feet Below Land Surface

Drawdown ((B) - (A)): 8 Feet Below Land Surface

Test Pumping Rate: 70 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 70 GPM with a drawdown of

8 feet after airlift hours of pumping

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)

John W. Thompson
 Signature of Pump Installer

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MAR 24 2005

BY: OLWR