

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: D-223  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County Pike 113  
Permit # \_\_\_\_\_  
Driller: John W. Thompson  
Date drilling completed: 4-19-05  
Bros.

Thompson Water Well Bros

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>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lawrel MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SW 1/4 Sec 10 Twn 3N Rng 7E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>W</u> of <u>McComb</u>

Well Data

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

Date well drilling started: 4-19-05 Date well drilling completed: 4-19-05

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 4-19-05

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

Hole depth: 105 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length 80 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 80 feet to 100 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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MAY 17 2005

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

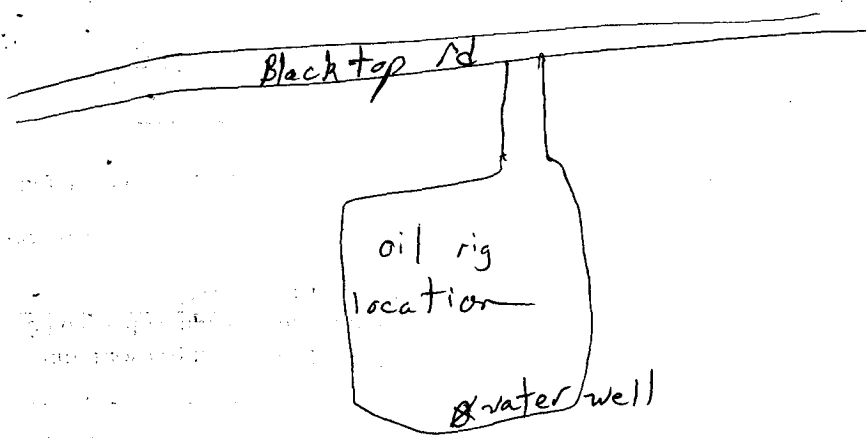
Empty rectangular box for sketching well telescopes and depths.

0-223

Description of Formations Encountered	From	To
sand + gravel	0	50
clay	50	60
sand + gravel	60	100
clay	100	105

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 W. 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-223

Elevation: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date completed: 4-19-05

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</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	<u>SW 1/4 SW 1/4 Sec 10 Twp 3N Rng 7E</u>
Telephone No. (_____) _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>W</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>4-20-05</u>	Setting Depth: <u>80</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>4-20-05</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>56</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>21</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)

John W. Thompson  
Signature of Pump Installer

RECEIVED  
MAY 17 2005  
BY OLWR