

# 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:

Aquifer: \_\_\_\_\_  
 Well #: D-257  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 9-24-07

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</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> Sec <u>14</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: 9-24-07 Date well drilling completed: 9-24-07

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 9-24-07

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

Hole depth: 90 Well depth: 90 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 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 70 feet to 90 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 0-679  
 Print Name of Water Well Contractor and License No.

John W Thompson  
 Signature of Water Well Contractor

D-

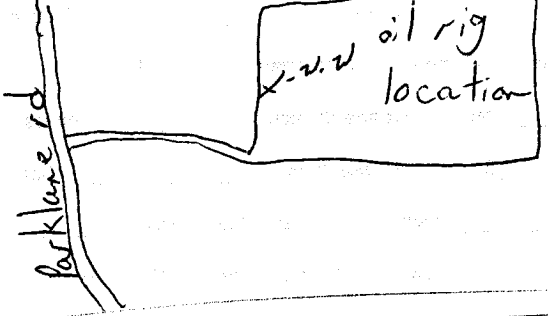
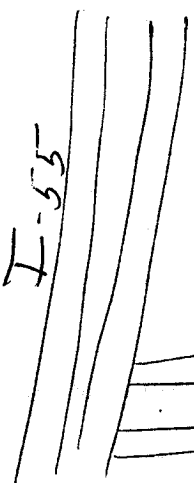
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay Sand & gravel	0 10	10 90

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.



Hwy 98

old Liberty rd

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 39288-0631  
 (601)961-5210  
 (601)354-6338 (fax)

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 9-24-07

For Office Use Only:

Applicator: \_\_\_\_\_  
 Well #: D-257  
 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 Onshore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1506</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>14</u> Twp <u>3N</u> Rng <u>7E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>SW</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill      Other (specify): _____
Date Pump Installed: <u>9-24-07</u>	Home Power Rating of Motor: <u>3</u>
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Setting Depth: <u>70</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-24-07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>26</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Pumping Water Level (B): <u>41</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Drawdown [(B)-(A)]: <u>15</u> Feet Below Land Surface	<u>15</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>50</u> Gallons Per Minute	
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 0-677      John W Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer