

# 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 #: 0-43  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

121

County: Rankin  
Permit #: MS-GW-16165  
Driller: J.P. Thompson  
Date drilling completed: 11-30-04

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 Resources</u>	Latitude: <u>32° 24'</u> Longitude: <u>89° 50'</u>
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>36</u> Twn <u>7N</u> Rng <u>4E</u>
Telephone No. (____) _____	Distance: <u>5</u> Miles Direction: <u>N</u> of Nearest Town: <u>Pelahatchie</u>

**Well Data**

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

Date well drilling started: 11-5-04 Date well drilling completed: 11-30-04

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

Static Water Level: 165 feet above or below (circle one) land surface Date measured: 12-3-04

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

Hole depth: 543 Well depth: 540 Well grouted to a depth of 50 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 506 feet Casing diameter: 6 inches Type of casing: steel

Screen length: 20 feet Screen diameter: 3"x5" inches Type of screen: Munipac

Screen slot size: 0.020 inches Setting depth: From 520 feet to 540 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: 466 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.

J.P. THOMPSON 0-624  
Print Name of Water Well Contractor and License No.

J.P. Thompson  
Signature of Water Well Contractor

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DEC 09 2004  
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)

County: Rankin  
Permit #: MS-G2-16165  
Driller: J. P. Thompson  
Date completed: 11-30-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: D-43  
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 Resources</u>	Latitude: <u>32° 24'</u> Longitude: <u>89° 50'</u>
Mailing Address: <u>P.O. Box 6506</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Laurel, MS 39441</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>36</u> Twn <u>7N</u> Rng <u>4E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>N</u> of <u>Pelahatchie</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15 hp</u>
Date Pump Installed: <u>12-3-04</u>	Setting Depth: <u>316</u> feet
Rated Pump Capacity: <u>120</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-3-04</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> <u>Stake/Tape</u>
Static Water Level (A): <u>165'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>216</u> Feet Below Land Surface	For flowing well, measured shut in head: _____
Drawdown ((B) - (A)): <u>51</u> Feet Below Land Surface	Well yielded <u>160</u> GPM with a drawdown of
Test Pumping Rate: <u>160</u> Gallons Per Minute	<u>51</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.

J. P. THOMPSON 0-624 J. P. Thompson  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY: DLWR