

Darksdale Sparta well Test Hole

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: D0060
Aquifer: _____
E-Log #: _____

County: Rankin
 Permit #: MSGW 17248
 Driller: John W Thompson
 Date drilling completed: 11-3-15

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Denbury Onshore</u>	Latitude: <u>32°28'31"</u> Longitude: <u>89°55'56"</u>
Mailing Address: <u>P.O. Box 6506</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Laurel MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW ¼ SW ¼, Sec 6 T 7N R 4E</u>
Telephone No. (____) _____	<u>2</u> Miles <u>S</u> of <u>Goshen Springs</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10-26-15 Date drilling completed: 11-3-15 Hole depth: 1142 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: water well

Method of dosing and volume of Chlorine used in drilling and development: added 5 gallons of bleach

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): MDEQ

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) Test Hole

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: _____ feet [above or below] land surface Date measured: _____
 (circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: _____ Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

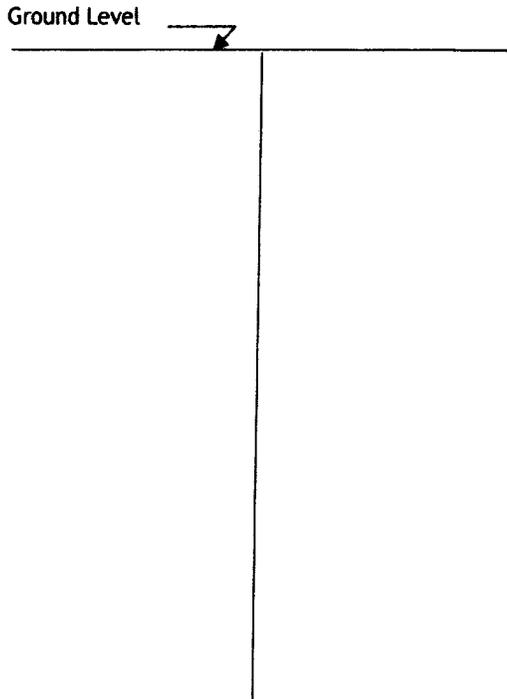
If telescoped or more than one screen, describe on next page

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Yellow clay	Ground level	37
Blue clay	37	320
sand, clay, seashells	320	500
Sand	500	550
Clay	550	720
sandy clay	720	840
fine sand	840	1050
Sand	1050	1080
Clay	1080	1142

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) north arrow

Landowner Name: Darby Anshore

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

John W Thompson 0-679 12-8-15 John W Thompson
 Print Name of Responsible Licensee and License No. Date Signature of Licensee