

Barksdale Spata well

### 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 #: D 61  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Hankin  
 Permit #: MSGW 17248  
 Driller: John W Thompson  
 Date drilling completed: 12-1-15

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 (Landowner if borehole is not for a water well)	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>PO Box 6506</u> <u>Laurel MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	NW ¼ SW ¼, Sec <u>6</u> T <u>7N</u> R <u>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: 11-16-15 Date drilling completed: 12-1-15 Hole depth: 1080 Hole diameter: 11.5

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 15 gallons of bleach

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

Name of organization running log(s): logged test hole MDEQ

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

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: 280 feet [above or  below] land surface Date measured: 12-1-15  
(circle one)

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

Well depth: 1080 Well grouted to a depth of: 1050 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 1050 feet Casing diameter: 6 inches Type of casing:  Steel  \_\_\_\_\_

Screen length: 30 feet Screen diameter: 4 inches Type of screen: Stinkles pipe base

Screen slot size: 0.010 inches Setting depth: From 1050 feet to 1080 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

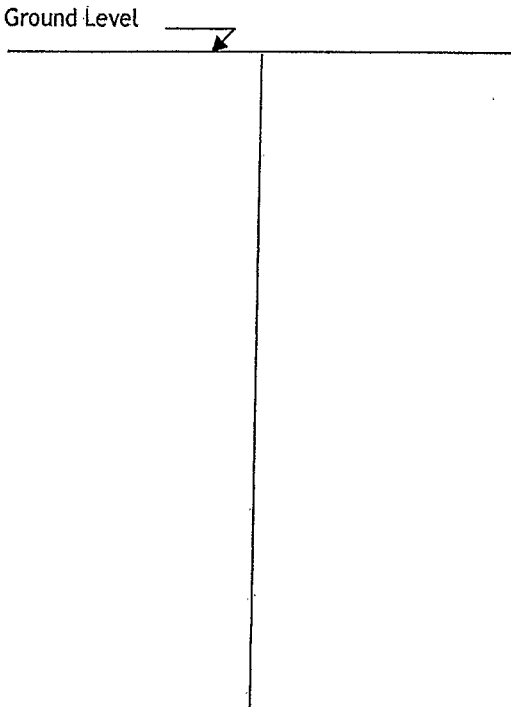
If telescoped or more than one screen, describe on next page

County: Rankin  
 Permit #: 17248

**For Office Use Only:**  
 Well #: D61

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

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: Darbury Onshore

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

Barksdale Sparta well

### STATE WELL REPORT

#### Part 2

County: Hankin  
 Permit #: MSGW 17248  
 Driller: John W Thompson  
 Date completed: 12-1-15  
 Copy information from block on Part 1

**Pump Installer's Completion Report**  
 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 #: D61  
 Aquifer: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information			Well Location		
Owner Name: <u>Denbury Onshore</u>			Latitude: <u>32° 28' 31"</u> Longitude: <u>89° 55' 56"</u>		
Mailing Address: <u>PO Box 6506</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey _____		
<u>Laurel MS</u>			<input type="checkbox"/> USGS quad _____, <input type="checkbox"/> Hand-held GPS _____, <input type="checkbox"/> Survey-grade GPS _____		
City	State	Zip Code	NW 1/4 SW 1/4, Sec. <u>6</u> T. <u>7N</u> R. <u>4E</u>		
Telephone No. (____)			<u>2</u> Miles <u>S</u> of <u>Bosher Springs</u>		
			(Distance) (Direction) (Nearest Town)		

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 12-22-15 Rated Pump Capacity: 250 Gallons Per Minute  
 Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 40 Setting Depth: 378 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 2-17-16 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 277 Feet Below Land Surface Pumping Water Level (B): 350 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 73 Feet Below Land Surface Test Pumping Rate: 230 Gallons Per Minute  
 Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): well sounder

**Pump Test Data for Flowing Well**  
 Measured shut-in head: \_\_\_\_\_ feet.  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
 Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
 Is This Meter (circle one):  New  Repaired  Replacement  
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
John W Thompson 0-679 2-18-16 John W Thompson  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



