

# 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 #: M0082  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Rankin  
Permit #: MS-GW-16639  
Driller: Rat Thompson  
Date drilling completed: 5-27-09

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.

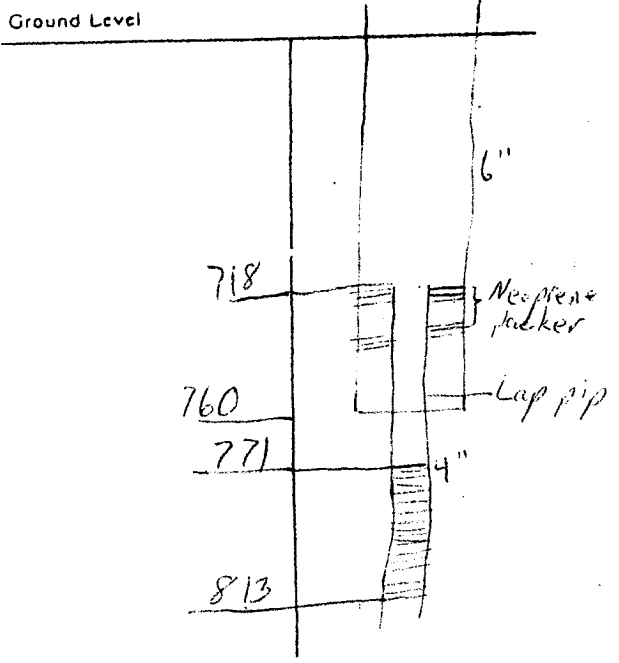
Well Owner Information		Well Location	
Owner Name: <u>Denbury Onshore</u>	Latitude: <u>32° 17' 16"</u> Longitude: <u>89° 55' 58"</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>	SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>7</u> Twn <u>5N</u> Rng <u>4E</u>	Distance: <u>1</u> Miles Direction: <u>E</u> Nearest Town: <u>Brandon</u>	
City: _____ State: _____ Zip Code: _____			
Telephone No. ( ) _____			
Well Data			
Purpose of Well (circle one) Home <input type="checkbox"/> <u>Industrial</u> <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	Date well drilling started: <u>5-4-09</u> Date well drilling completed: <u>5-27-09</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>261</u> feet above of below (circle one) land surface Date measured: <u>5-27-09</u>		
Method of Measurement (circle one) steel tape <input type="checkbox"/> <u>electric tape</u> <input type="checkbox"/> air line <input type="checkbox"/> other: _____	Hole depth: <u>830'</u> Well depth: <u>830'</u> Well grouted to a depth of _____ feet C.M.T. <u>460' - 760'</u>		
Type of grout (circle one): Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>	Casing length: <u>760</u> feet Casing diameter: <u>6</u> inches Type of casing: <u>Steel</u>		
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Stainless wrap pipe</u>	Screen slot size: <u>.008 + .012</u> inches Setting depth: From <u>770-792(.008)</u> feet to <u>792-813(.012)</u> feet		
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> <u>Natural Development</u> <input type="checkbox"/>	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 <input type="checkbox"/> <u>Electric</u> <input type="checkbox"/> <u>Gamma Ray</u> <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____		
Name of organization running log(s): <u>MDEQ</u>			
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.			
<u>J.P. Thompson</u> <u>0-624</u>	<u>J.P. Thompson</u>		
Print Name of Water/Well Contractor and License No.	Signature of Water Well Contractor		

RECEIVED

JUN 25 2009

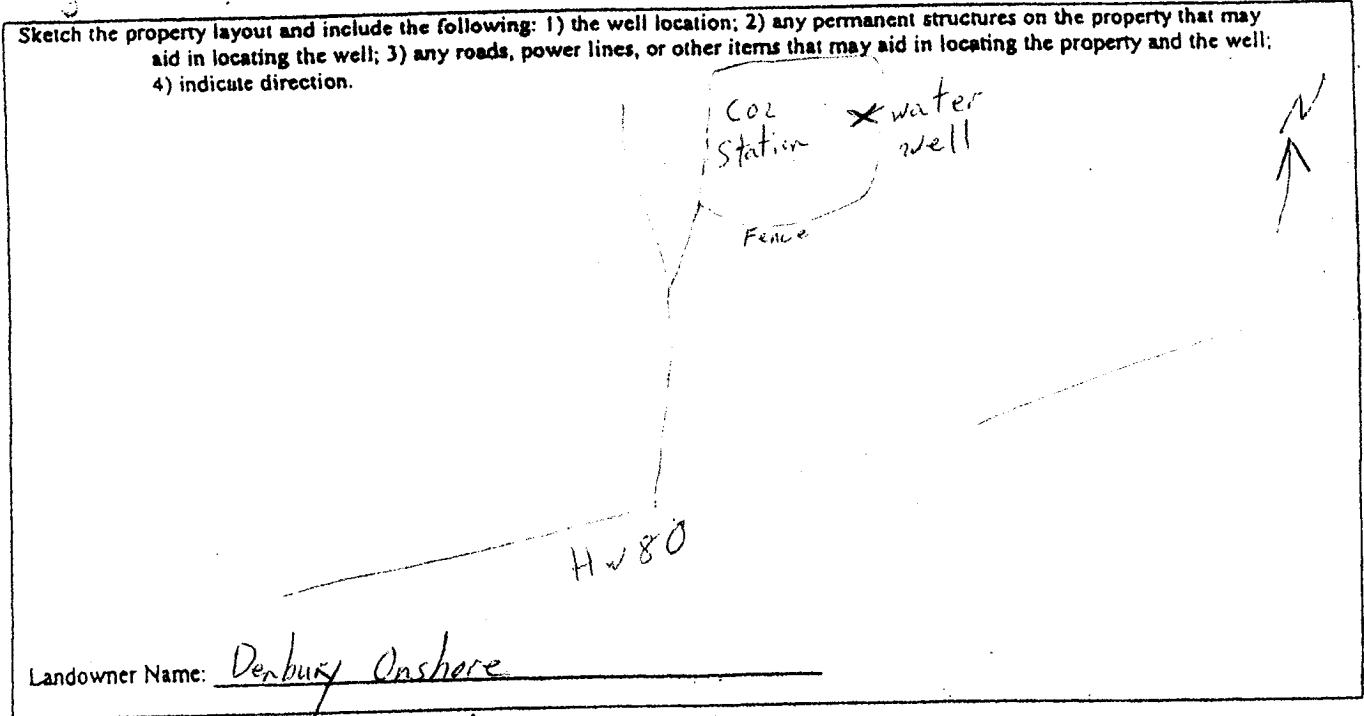
BY: OLWA

If well telescopes please sketch below and show depths



Description of Formations Encountered	From	To
yellow clay	0	15
blue clay with lignite	15	40
blue clay lignite & sand	40	60
blue clay	60	475
coarse sand seashells & rock	475	570
rock	570	511
coarse sand seashells & clay	511	530
green & brown clay	530	600
sand & clay	600	620
fine sand	620	660
sand & clay strips	660	720
fine sand	720	740
hard green clay & seashells	740	760
green shale	760	790
sand	790	820
green shale & sand	820	830

more than one screen, show location of each on sketch



*J. P. Thompson*  
 Signature of Water Well Contractor

RECEIVED  
 JUN 25 2009  
 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M0082  
 Elevation: \_\_\_\_\_

County: Rankin  
 Permit #: MS-GW-16639  
 Driller: Pat Thompson  
 Date completed: 5-27-09  
*Copy information from block on Part 1*

*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° 17' 16"</u> Longitude: <u>89° 55' 58"</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>SW</u> ¼ <u>NW</u> ¼ Sec <u>7</u> T <u>5N</u> R <u>4E</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>E</u> of <u>Brandon</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>6-11-09</u>	Setting Depth: <u>380</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-27-09</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>261</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>308</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>47</u> Feet Below Land Surface	Well yielded <u>190</u> GPM with a drawdown of
Test Pumping Rate: <u>190</u> Gallons Per Minute	<u>47</u> feet after <u>2</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

Form: OLWR-SWR-1B

RECEIVED  
 JUN 25 2009  
 BY: OLWR