MRFU 14-10771				
State W	ell Report			
	art 1	For Office Use Only:		
/ Mississippi Departmen	t of Environmental Quality	Aquifer:		
	and Water Resources Box 10631	Well #: <u>E-77</u>		
Driller: John W / Nonfsan Jackson, N	Jackson, MS 39289-0631			
	961-5210 4 6038 (fax)	F-log #:		
(601)354-6938 (fax) E-log #:				
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	ith the Department within		
Well Owner Information	Weli	Location		
Owner Name Donbury Onshore	Latitude:''	" Longitude: ' "		
Mailing Address: 1.0. Box 6506	Method of Lat/Long (circle or	e): Conventional Survey,		
Laurel MS	USGS quad, Hand-held	GPS, Survey-grade GPS		
	1/4 Sec / /	Twn 2N Rng 5E		
City State Zip Code	Distance Direction	Nearest Town		
Telephone No. ()		Nearest Town of <u>Martion 1/e</u>		
Weil	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other: <u>rig supply</u>		
Date well drilling started: $10 - 28 - 02$ Date well drilling completed: $10 - 30 - 032$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 138 feet above or below (circle one) land surface Date measured: 10-30-08				
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: <u>203</u> Well depth: <u>190</u> Well grouted to a depth of <u>20</u> feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 170 feet Casing diameter: 4 inches Type of casing: PUC				
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PUC Sloffed</u>				
Screen slot size: : : : : : : : : : : : : : : : : : :	<u>170</u> feet to	<u>190</u> 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				
The second and the west was arrived, 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.				
TINT GIRA OF UN				
) ————————————————————————————————————		1 thompson		
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor		

NOV 1 4 2008 BY: OLWR

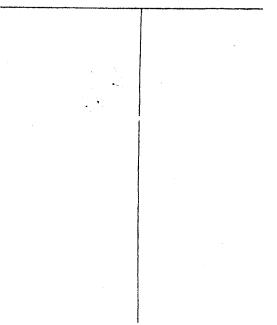
ł

ı

(

If well telescopes please sketch below and show depths

Ground Level



	5	7
Description of Formations Encountered	From	To
Sand & Clay	0	10
<u>Clay</u>	10	40
Sand of what	1.40	50
Clay /	50	70
sand!	70	80
Clovetrock strips	00	
clay	1111	140
Clay + feby sand strips	140	160
sand	160	190
Clay	190	203
7	12.02	
		<u></u> +{·
	+	<u>├</u>
		<u> </u>
	-+	<u>├</u>
· · · · · · · · · · · · · · · · · · ·		<u>├</u> {
		↓
		
······································		
		
		
	1.	

Hymore than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well aid in locating the well; 3) any roads, power lines, 4) indicate direction.	Il location; 2) any permanent structures on the property that may or other items that may aid in locating the property and the well; i.a. 1 rig location Hay man Lake rd
Landowner Name: Derbury Onshore	
Sprature of Water Well Contractor	

1.

STATE WELL REPORT				
County: <u>Simpson</u> Permit #: Miss Driller: <u>John W Thompson</u> Date completed: <u>10-30-08</u> <u>Copy information from block on Part 1</u> This part of the report must be completed by a lice report must be attached and both parts filed with	Part 2 Pump Installer's Completion Report issippi Department of Environmental Qual Office of Land and Water-Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) ensed water well contractor or a licensed the Department at the above address with	Well #: <u>E - 77</u> Elevation:		
Well Owner Information Owner Name: Derbury Onshore		Well LocationLongitude:		
Mailing Address: <u>1.0. Box 6906</u> Laure MS	Method of Lat/Long (USGS quad, Ha Zip Code	check one): Conventional Survey, and-held GPS Survey-grade GPS Sec14T_ $2 \frac{M}{R}$ E ection Nearest Town		
Telephone No. ()	2 1	of Martinville		
Pump Type Circle one		Power Type Circle one		
	ne Electric Motor	Gasoline Engine Natural Gas Hand Tractor PTO		
Bucket Piston Turbi Centrifugal Rotary Flow	ring Well Windmill			
Other (specify): Date Pump Installed:	Setting Depth:	of Motor:		
Pumping Water Level (B): $\frac{163}{25}$ Feet Below Drawdown [(B) – (A)]: $\frac{25}{160}$ Feet Below	Air Line Elec Land Surface Other (specify): Land Surface For flowing well, me ns Per Minute Well yielded	od of Measuring Water Level Circle one ctric Measuring Line Steel Tape easured shut in head: feet () GPM with a drawdown of eet after hours of pumping		
I HEREBY CERTIFY that the above statements a John W Thompson Print Name of Pump Installer and License No. (if	-679 John	f Pump Installer Form: OLWR-SWR-1		

1-a.,

.

1.2 m x

RECEIVED NOV 1 4 2008 BY: OLWR :