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# 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 #: A-34  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wayne  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 7-19-07

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>Derbury Onshore</u>       | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>P.O. Box 6506</u>    | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,                                  |
| <u>Laurel MS</u>                         | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>10N</u> Rng <u>9W</u>   |
| Telephone No. ( ) _____                  | Distance <u>1/2</u> Miles <u>SE</u> Direction of <u>Eucutta</u> Nearest Town                                 |

**Well Data**

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

Date well drilling started: 7-17-07 Date well drilling completed: 7-19-07

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

Static Water Level: 66 feet above or below (circle one) land surface Date measured: 7-19-07

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

Hole depth: 490 Well depth: 480 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement   Bentonite  Mix

Casing length: 400 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 400 feet to 480 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): \_\_\_\_\_

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BY: OLWR

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.

John W Thompson 0-679  
Print Name of Water Well Contractor and License No.

John W Thompson  
Signature of Water Well Contractor

A-

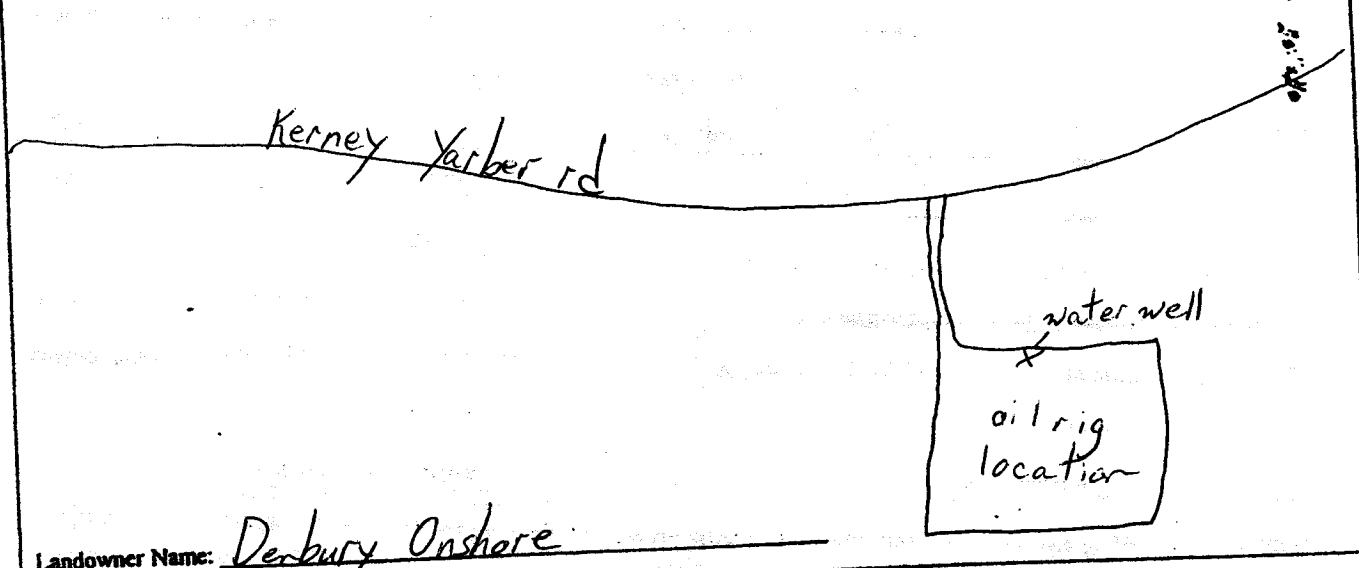
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| clay                                  | 0    | 15  |
| clay & rock strips                    | 15   | 40  |
| blue clay                             | 40   | 380 |
| sand & clay layers                    | 380  | 480 |
| clay                                  | 480  | 490 |
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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) indicate direction.



Landowner Name: Derbury Onshore

*John W. Thompson*  
Signature of Water Well Contractor

# 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 #: A-34

Elevation: \_\_\_\_\_

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 7-19-07

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 Onshore</u>       | Latitude: _____ Longitude: _____                                |
| Mailing Address: <u>P.O. Box 6506</u>    | Method of Lat/Long (circle one): Conventional Survey,           |
| <u>Laurel MS.</u>                        | USGS quad, Hand-held GPS, Survey-grade GPS                      |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec. <u>26</u> Twn <u>10N</u> Rng <u>9W</u> |
| Telephone No. ( ) _____                  | Distance: _____ Direction: _____ Nearest Town: _____            |
|  | <u>1/2</u> Miles <u>SE</u> of <u>Eucatta</u>                    |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>         |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>                      | <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>            | Windmill <input type="checkbox"/> Other (specify): _____   |
| Other (specify): _____  | Horse Power Rating of Motor: <u>5</u>  |
| Date Pump Installed: <u>7-19-07</u>   | Setting Depth: <u>100</u> feet   |
| Rated Pump Capacity: <u>55</u> Gallons Per Minute   | Number of Stages: _____  |

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| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: <u>7-19-07</u>                           | Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>66</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>77</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: <u>11</u> Feet Below Land Surface    | Well yielded <u>60</u> GPM with a drawdown of  |
| Test Pumping Rate: <u>60</u> Gallons Per Minute            | <u>11</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.

John W. Thompson 0-679 John W. Thompson  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer