

EEA 1-9 #2

# 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: F/22  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wayne  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 1-8-11

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>31.46.30</u> Longitude: <u>88.50.40</u>
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>4W 1/4 Sec 1</u> Twn <u>9N</u> Rng <u>9W</u>
Telephone No. ( ) _____	Distance: <u>2</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Eucatta</u>

**Well Data**

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

Date well drilling started: 1-3-11 Date well drilling completed: 1-8-11

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

Static Water Level: 126 feet above of below (circle one) land surface Date measured: 1-8-11

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

Hole depth: 863 Well depth: 860 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 760 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 100 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: 0.08 x 0.010 inches Setting depth: From 760-820(.008) ~~820-860(.010)~~ 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 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

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JAN 18 2011  
BY: OLWR

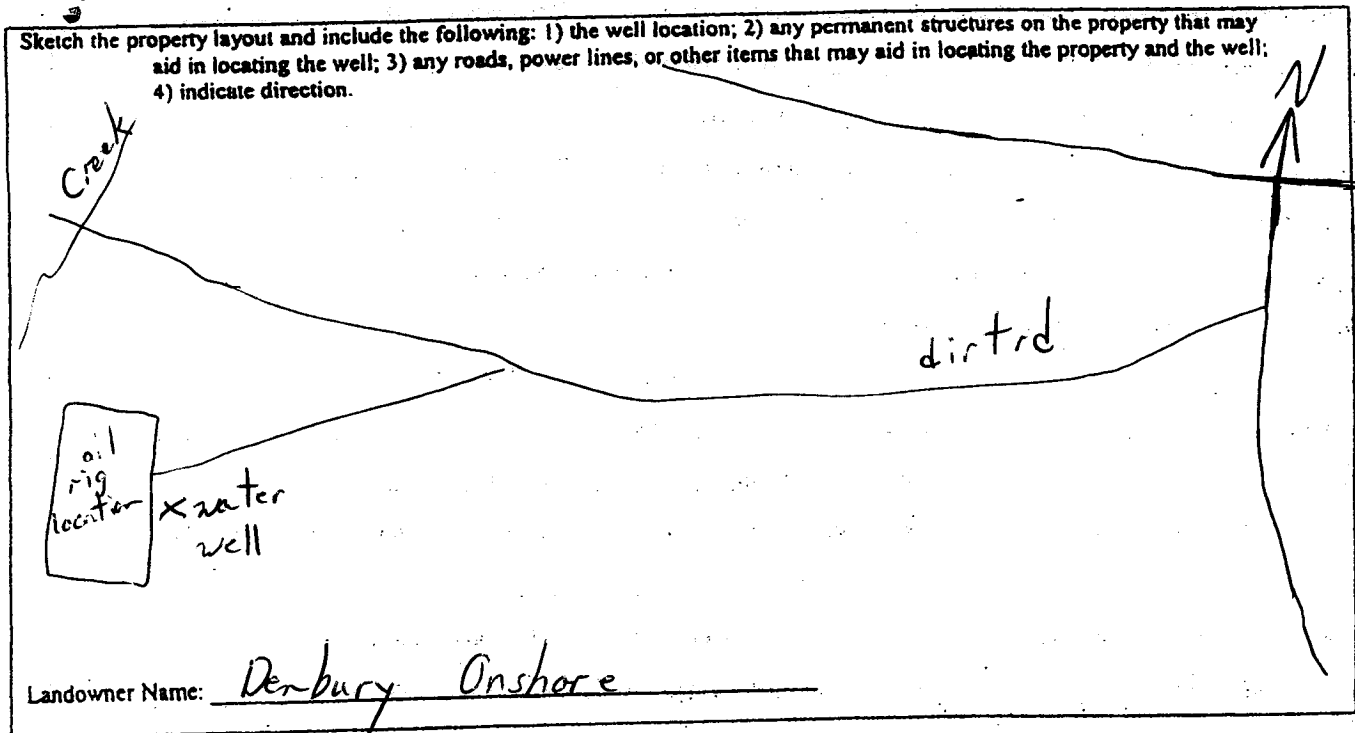
If well telescopes please sketch below and show depths.

Ground Level


Description of Formations Encountered	From	To
sand	0	15
clay	15	70
rock & clay	70	220
clay	220	540
fine sand	540	550
clay	550	620
sand	620	640
clay	640	760
fine sand and clay	760	863

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: Denbury 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)

County: Wayne

Permit #: \_\_\_\_\_

Driller: John W. Thompson

Date completed: 1-8-11

*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: \_\_\_\_\_

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

*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>31°46'30"</u> Longitude: <u>88°50'40"</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 <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	____ ¼ ____ ¼ Sec <u>1</u> T <u>9N</u> R <u>9W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>SE</u> of <u>Eucutta</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>1-8-11</u>	Setting Depth: <u>300</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level
	Circle one
Date Well Tested: <u>1-8-11</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>126</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>275</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B)-(A): <u>149</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>149</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  
Print Name of Pump Installer and License No. (if applicable)

John W. Thompson  
Signature of Pump Installer

Form: OLWR-SWR-1B

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JAN 18 2011

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