

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 #:	<u>G-145</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>Wayne</u>
Permit #:	_____
Driller:	<u>John W Thompson</u>
Date drilling completed:	<u>6-26-07</u>

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° 45' 25"</u> Longitude: <u>88° 50' 28"</u>
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>SW 1/4 SW 1/4 Sec 7 Twn 9N Rng 8W</u>
Telephone No. () _____	Distance: <u>3</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Eucutta</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>rig supply</u>	
Date well drilling started: <u>6-26-07</u>	Date well drilling completed: <u>6-26-07</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>88</u> feet above or below (circle one) land surface Date measured: <u>6-26-07</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>160</u> Well depth: <u>150</u> Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC Slotted</u>	
Screen slot size: <u>.020</u> inches Setting depth: From <u>130</u> feet to <u>150</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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): <u>No log run</u> 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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If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
red sand	0	20
red sand	20	50
clay	50	60
sand + clay	60	70
clay	70	100
sand	100	165
clay	155	160

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.

Woodro Reynolds rd

Eucutt rd

Trailer house

water well oil rig location

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)

For Office Use Only:

Aquifer: _____

Well #: G-145

Elevation: _____

County Wayne
 Permit #: _____
 Driller: John W. Thompson
 Date completed: 6-26-07

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>Darbury Onshore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>7</u> Twn <u>9N</u> Rng <u>8W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>SE</u> of <u>Eucutta</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>130</u> feet Number of Stages: _____
Date Pump Installed: <u>6-26-07</u>	
Rated Pump Capacity: <u>55</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-26-07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>88</u> Feet Below Land Surface	
Pumping Water Level (B): <u>127</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>39</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>60</u> Gallons Per Minute	Well yielded <u>60</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>39</u> feet after <u>4</u> hours of pumping

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

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