

G Stanley 6-1 #1

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)

County: Wayne
 Permit #: _____
 Driller: John W Thompson
 Date drilling completed: 1-30-08

For Office Use Only:
 Aquifer: _____
 Well #: G-147
 L. S. Elevation: _____
 E-log #: _____

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: _____ Longitude: _____
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>6</u> Twn <u>9N</u> Rng <u>8W</u>
Telephone No. () _____	Distance: <u>2</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: rig supply

Date well drilling started: 1-24-08 Date well drilling completed: 1-30-08

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

Static Water Level: 159 feet above or below (circle one) land surface Date measured: 1-30-08

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

Hole depth: 643 Well depth: 600 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite _____ Mix _____

Casing length: 540 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 540 feet to 600 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

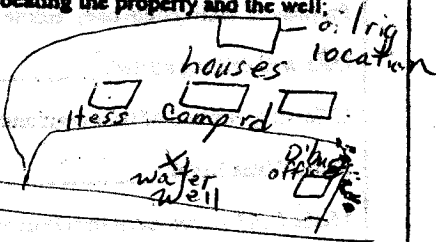
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sandy clay	0	15
clay	15	35
sand	35	52
rock & clay strips	52	162
clay & few sand strips	162	310
clay	310	460
shale clay & sand strips	460	540
sand & clay strips	540	570
sand	570	585
sand & clay strips	585	643

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.

shabuta Encutta rd



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)

County: Wayne
 Permit #: _____
 Driller: John W Thompson
 Date completed: 1-30-08

For Office Use Only:

Aquifer: _____
 Well #: G-147
 Elevation: _____

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> Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u> City _____ State _____ Zip Code _____ Telephone No. (____) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>9N</u> Rng <u>8W</u> Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>SE</u> of <u>Eucatta</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal Other (specify): _____ Date Pump Installed: <u>1-30-08</u> Rated Pump Capacity: <u>55</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>7 1/2</u> Setting Depth: <u>220</u> feet Number of Stages: _____
<input checked="" type="radio"/> Jet <input checked="" type="radio"/> Submersible <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/> Rotary <input type="radio"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-30-08</u> Static Water Level (A): <u>159</u> Feet Below Land Surface Pumping Water Level (B): <u>182</u> Feet Below Land Surface Drawdown ((B) - (A)): <u>23</u> Feet Below Land Surface Test Pumping Rate: <u>55</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>55</u> GPM with a drawdown of <u>23</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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