| i.  | State Wo  | ell Report                    | En Cost on Hon Only      |  |  |  |
|---|---|-------------------------------|--------------------------|--|--|--|
| County: Adams   | Pa  | art 1                         | For Office Use Only:     |  |  |  |
| ·   | Mississippi Department  | of Environmental Quality      | Aquifer:                 |  |  |  |
| Permit #:   |   | nd Water Resources            | Well #:                  |  |  |  |
| Driller: Gary Rayborn   | Jackson, M  | S 39289-0631                  | L. S. Elevation:         |  |  |  |
| Date drilling completed: 2 · 25-08  | , , ,   | 961-5210<br>1-6938 (fax)      | E-log #:                 |  |  |  |
|   | J ' '   |                               |                          |  |  |  |
| 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 Well Owner Inform   | g of the well.  | Wel                           | l Location               |  |  |  |
| Danhuse Re  | os ou coes  | Latitude: ° '                 | _" Longitude:,"          |  |  |  |
| Owner Name Denbury Resources  |   | Method of Lat/Long (circle o  | İ                        |  |  |  |
| Mailing Address: 404 1 3ne  | ailing Address: 4047 Shell Oil Rd   |                               |                          |  |  |  |
|   |   |                               | d GPS, Survey-grade GPS  |  |  |  |
| Ruth MS 39663   |   | 1414 Sec13                    | Twn 7N Rng IW            |  |  |  |
| l City  | tate Zip Code   | Distance Direction            | Nearest Town             |  |  |  |
| Telephone No. (601) 757-92  | 168   |                               | of Natchez               |  |  |  |
|   | Well I  | l<br>Data                     |                          |  |  |  |
| Purpose of Well (circle one Home In   | Austrial Public Supply  | Irrigation Fish Culture       | Other:                   |  |  |  |
| Purpose of Well (circle one) Home   | ndustriar Fublic Supply   | milgudon lion culture         | 25.08                    |  |  |  |
| Date well drilling started: 2-14-0  |   |                               |                          |  |  |  |
| If flowing, method of flow regulation: V  | alve Other (c   | iescribe)                     |                          |  |  |  |
| Static Water Level: 260 feet above or below (circle one) land surface Date measured: 2-25-08  |   |                               |                          |  |  |  |
| Method of Measurement (circle one) steel tape (electric tape) air line other:   |   |                               |                          |  |  |  |
| Hole depth: 360' Well depth: 360' Well grouted to a depth of 10 feet  |   |                               |                          |  |  |  |
| Type of grout (circle one): Cement Bentonite Mix  |   |                               |                          |  |  |  |
| Cosing length: 320 feet Casing diameter: 411 inches Type of casing: 411   |   |                               |                          |  |  |  |
| $\Delta v = \Delta v $ |   |                               |                          |  |  |  |
| $\sim$   |   |                               |                          |  |  |  |
| Screen slot size: 1010 inches Setting depth: From 320 feet to 360 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, con  | I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi |                               |                          |  |  |  |
| Department of Environmental Quality   | y and/or the Mississippi Do   | epartment of Health regulatio | ons and state laws.      |  |  |  |
| RAYBORN DRILLING, INC   |   | 7                             |                          |  |  |  |
| Drive Name of Water Well Contractor a   | nd License No.  | Signature                     | of Water Well Contractor |  |  |  |

Print Name of Water Well Contractor and License No.

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BY: OLWR

THERES RABOTA CHILLING, INC. months are true to the light of my harmyted go. F. 2004 (2250) (): Toke Tune for a good factor. l garajatin 3000 Providing Note: Gusta tepretifiit 4.4 6 (1) (6 (4) (1) (1) (4) (4) (4) (4) Define and services are above too the Drug today Aleman, see oppopyings A Strain His commence of the commence of

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If well telescopes please sketch below and show depths.

| Ground Level |   |  |  |  |
|--------------|---|--|--|--|
|              |   |  |  |  |
|              |   |  |  |  |
|              |   |  |  |  |
|              |   |  |  |  |
|              | · |  |  |  |

| From | То   |
|------|--|
| 0    | 50   |
| 50   | 180  |
| 180  | 2 <i>55</i>                                      |
| 255  | 285  |
| 285  | 360  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
| _    | <del>                                     </del> |
|      |  |
|      |  |
|      | 50<br>/80<br>255                                 |

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. |  |
|----|---|--|
| Hu | well access from 184 or Fate Rel 14w y 84 14w y 84 14w y 84 15 cranfield  |  |
|    |   |  |
|    | Tate Rd W Huf G1  |  |
|    | Landowner Name:   |  |

## STATE WELL REPORT

## Part 2

(601)354-6938 (fax)

Adams **Pump Installer's Completion Report** County: Mississippi Department of Environmental Quality Office of Land and Water Resources Permit #: P.O. Box 10631 Driller: 6aru Jackson, MS 39289-0631 (601)961-5210 Date completed:

For Office Use Only: Aquifer: 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: Denbury Resources  | Latitude:Longitude:                                   |  |  |  |
| Mailing Address: 4047 Shell Oil Rd   | Method of Lat/Long (circle one): Conventional Survey, |  |  |  |
|  | USGS quad, Hand-held GPS, Survey-grade GPS            |  |  |  |
| Ruth MS 39663  | 1414 Sec_45 Twn_7N Rng_\( \inV \)                     |  |  |  |
| City State Zip Code  |   |  |  |  |
| Chy State 24 Code  | Distance Direction Nearest Town                       |  |  |  |
| Telephone No. (601) 757 - 9268   | 14 Miles E of Natchez                                 |  |  |  |
|  |   |  |  |  |
| Pump Type Circle one   | Power Type Circle one                                 |  |  |  |
| Air Lift Jet Submersible   | Diesel Engine Gasoline Engine Natural Gas             |  |  |  |
| Bucket Piston Turbine  | Electric Motor Hand Tractor PTO                       |  |  |  |
| Centrifugal Rotary Flowing Well  | Windmill Other (specify):                             |  |  |  |
| Other (specify):   | Horse Power Rating of Motor: 5 HP                     |  |  |  |
| Date Pump Installed: 2-25-08   | Setting Depth:  |  |  |  |
| Rated Pump Capacity:Gallons Per Minute   | Number of Stages:                                     |  |  |  |
| Pump Test Data   | Method of Measuring Water Level                       |  |  |  |
|  | Circle one  |  |  |  |
| Date Well Tested: 2-25-88  | Air Line Electric Measuring Line Steel Tape           |  |  |  |
| Static Water Level (A): 260' Feet Below Land Surface   |   |  |  |  |
| Pumping Water Level (B):Feet Below Land Surface  | Other (specify):                                      |  |  |  |
| Drawdown [(B) – (A)]:Feet Below Land Surface   | For flowing well, measured shut in head:feet          |  |  |  |
| Test Pumping Rate:Gallons Per Minute   | Well yieldedGPM with a drawdown of                    |  |  |  |
| Duration of Pump Test (minimum 4 hours):hours  | feet afterhours of pumping                            |  |  |  |
|  |   |  |  |  |
| I HEREBY CERTIFY that the above statements are true to the best of my knowledge.   |   |  |  |  |
| Gary Rayborn 0-60  |   |  |  |  |
| Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer  |   |  |  |  |

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