County: Lincoln

Permit #:

Driller: John W Thompson

Date drilling completed: 1-18-14

STATE WELL REPORT
Part 1
Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: G561

Aquifer:

E-Log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information
(Landowner if borehole is not for a water well)

Owner Name: Denbury Onshore

Mailing Address: P.O. Box 6506

Laurel MS

City State Zip Code

Telephone No. (____) _____

Well or Borehole Location

Latitude: 31°36'36.5" (36) Longitude: 90°30'14.7" (15)

Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____

NW ¼ NE ¼, Sec 4 ✓ T 7N ✓ R 7E

4 Miles NW of Brookhaven
(*Distance*) (*Direction*) (*Nearest Town*)

Well / Borehole Data

Date drilling started: 1-17-14 Date drilling completed: 1-18-14 Hole depth: 300 Hole diameter: 7"

Location of the source of any surface water used for drilling: Local Creek

Method of dosing and volume of Chlorine used in drilling and development: added 5 gallons of bleach

Logs run (*circle all applicable*): (No log run) Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (*circle one*): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (*describe*) Run log to locate abandoned oil well

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (*circle all applicable*): Home Industrial Public Supply Irrigation Fish Culture

Other (*describe*): _____

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

Static Water Level: _____ feet [above or below] (*circle one*) land surface Date measured: _____

Method of measurement (*circle one*): Steel tape Electric tape Air line Other (*describe*): _____

Well depth: _____ Well grouted to a depth of: _____ feet Type of grout (*circle one*): Neat Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Type of completion (*circle all applicable*): Gravel packed Underreamed Open hole Natural Development

Other (*describe*): _____

Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

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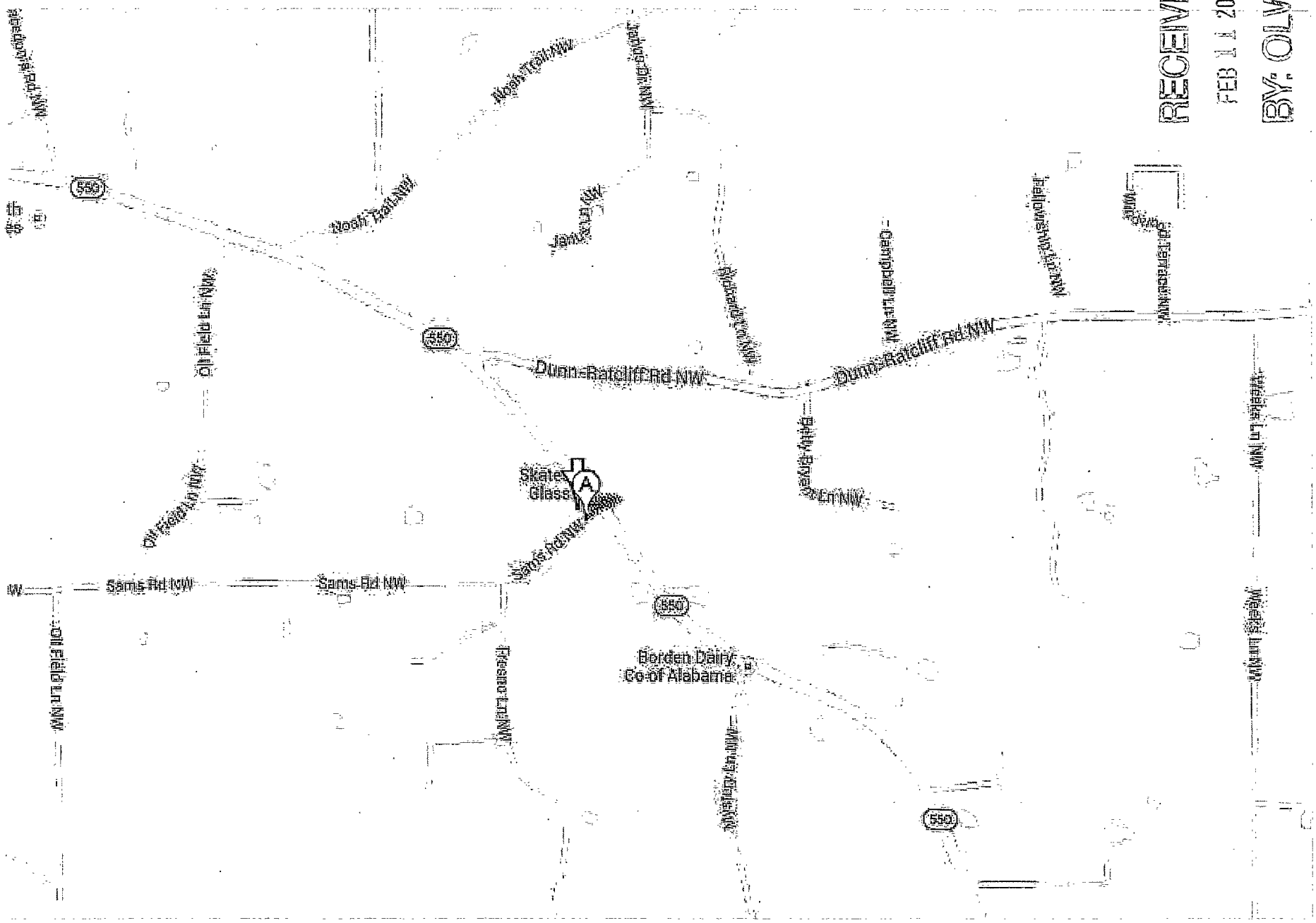
To see all the details that are visible on the screen, use the "Print" link next to the map.

Google


Dunn-Ratcliff Rd NW
Dunn-Ratcliff Rd NW
Sams Rd NW
Sams Rd NW
Sams Rd NW
Skate Glass
A
Borden Dairy Co-of Alabama
Oil Field Ln NW
Oil Field Ln NW
Oil Field Ln NW
Fresno Ln NW
Fresno Ln NW
Wheeler Ln NW
Wheeler Ln NW
Wheeler Ln NW
Bailey Ln NW
Bailey Ln NW
Campbell Ln NW
Campbell Ln NW
Terrace Dr NW
Terrace Dr NW
Terrace Dr NW
Hillcrest Dr NW
Hillcrest Dr NW
Hillcrest

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (*depth*)	To (*depth*)
Clay	Ground level	40
sand + gravel	40	120
Clay	120	300

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) north arrow

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BY: OLWR

Landowner Name: Denbury Onshore

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

John W Thompson 0-679 — Print Name of Responsible Licensee and License No.

2-7-14 — Date

John W Thompson — Signature of Licensee

Form: OLWR-SWR-1A (*4/13*)