

Trace Co<sup>2</sup> plant

### 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 #: U40  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Madison  
Permit #: MS-GW/17067  
Driller: John W Thompson  
Date drilling completed: 6-19-13

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.

<b>Well Owner Information</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>Denbury Onshore</u>		Latitude: <u>32°32'45"</u>	Longitude: <u>89°57'09"</u>
Mailing Address: <u>5100 Tennyson Parkway Ste 200</u> <u>Plano TX 75024</u>		Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City _____	State _____	USGS quad _____	Hand-held GPS <input checked="" type="checkbox"/>
Zip Code _____	Telephone No. (____) _____	NW <u>NW</u> 1/4, Sec <u>130K</u> T <u>8N</u> R <u>3E</u>	
		5 Miles <u>SE</u> of <u>Canton</u>	
		(Distance) (Direction) (Nearest Town)	

**Well / Borehole Data**

Date drilling started: 5-27-13 Date drilling completed: 6-7-13 Hole depth: 862 Hole diameter: 10.5

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

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: logged test hole

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump  
Seismic Survey Other (describe) \_\_\_\_\_

*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: 245 feet [above or below] land surface Date measured: 6-19-13  
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

Well depth: 863 Well grouted to a depth of: 800 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 800 feet Casing diameter: 6 inches Type of casing: Steel T+C

Screen length: 42 feet Screen diameter: 4 inches Type of screen: Stainless pipe based

Screen slot size: .008 inches Setting depth: From 820 feet to 862 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 742.8 feet

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

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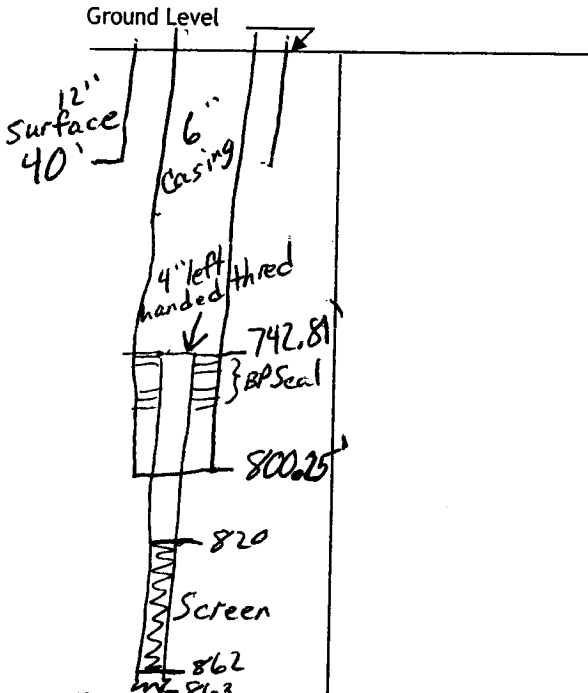
BY: OLWR

County: Madison  
 Permit #: MS-GW 17067

**For Office Use Only:**  
 Well #: U40

The sketch below only required for water wells

If well telescopes, show depths on sketch.



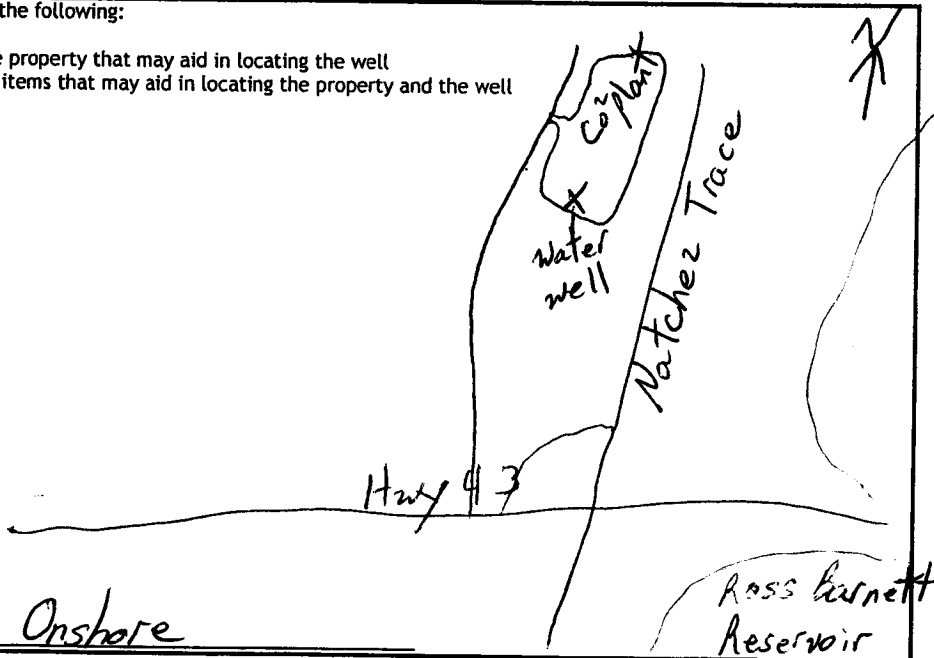
If more than one screen, show location of each on sketch

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)
yellow clay & sand	Ground level	30
clay	30	280
sand & sea shells	280	340
clay	340	370
sand	370	480
clay	480	620
sand & clay strips	620	760
sand	760	880
clay	880	920

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



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 6-20-13  
 Print Name of Responsible Licensee and License No.      Date

John W Thompson  
 Signature of Licensee

# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

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 #: U40

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

County: Madison  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date completed: 6-19-13  
Copy information from block on Part 1

*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>32°32'45"</u> Longitude: <u>89°57'09"</u>
Mailing Address: <u>5100 Tennyson Parkway Ste 100</u> <u>Plano TX 75024</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City _____ State _____ Zip Code _____	<u>NW 1/4 NW 4, Sec 130K 8N R3E</u>
Telephone No. (____) _____	<u>5</u> Miles <u>SE</u> of <u>Canton</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 6-19-13 Rated Pump Capacity: 120 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 15 Setting Depth: 336 feet Number of Stages: 7

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-19-13 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 245 Feet Below Land Surface Pumping Water Level (B): 281 Feet Below Land Surface

Drawdown [(B) - (A)]: 46 Feet Below Land Surface Test Pumping Rate: 150 Gallons Per Minute

Method of measurement (circle one): Steel tape  Electric tape  Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one): New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W Thompson 0-679 6-20-13 John W Thompson  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Form: OLWD-SWR-1B (1/13)