

Well #2

STATE WELL REPORT

County: Yazoo
 Permit #: _____
 Driller: David West
 Date drilling completed: 3-30-08

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: 982
 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: <u>Debbuy Resources</u> Mailing Address: <u>5320 Legacy Drive</u> <u>Plano TX</u> City State Zip Code Telephone No. (<u>972</u>) <u>673-2000</u> | | 32-44-28 Well or Borehole Location 90-27-39 Latitude: <u>32.74109°N</u> Longitude: <u>90.46098°W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE 1/4 SW 1/4, Sec 1 T 10N R 3W</u> <u>4</u> Miles <u>SSW</u> of <u>Yazoo City</u> (Distance) (Direction) (Nearest Town) |
|--|--|---|

Well / Borehole Data

Date drilling started: 3-30-08 Date drilling completed: 3-30-08 Hole depth: 360 ft Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: Wellwater

Method of dosing and volume of Chlorine used in drilling and development: Tabls 50ppm

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check 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 (check all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): Big Supply

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

Static Water Level: 110 feet above or below land surface Date measured: 3-30-08
 (check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): Sonda

Well depth: 360 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 600 feet Screen diameter: 4 inches Type of screen: PVC

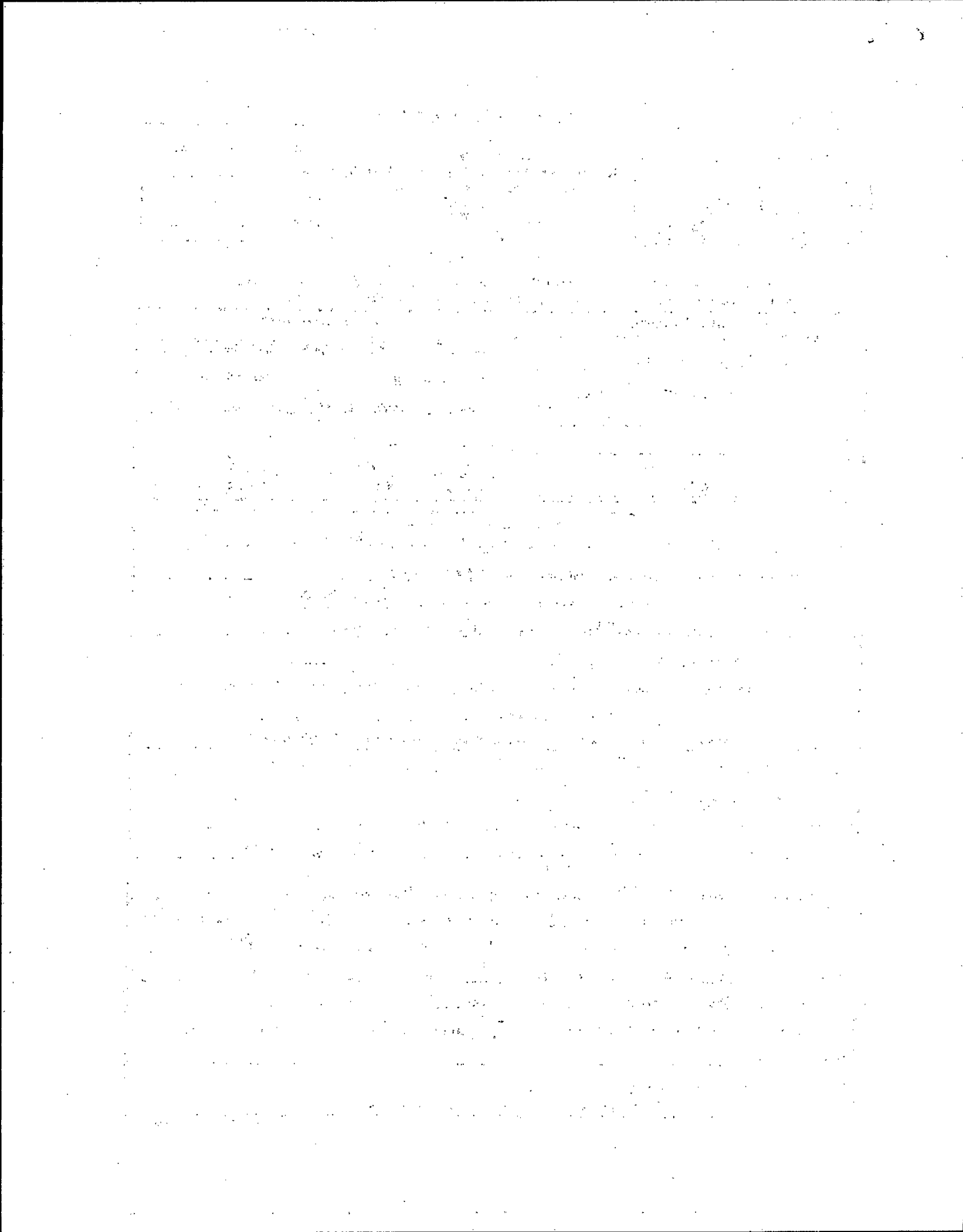
Screen slot size: .010 inches Setting depth: From 300 feet to 360 feet

Type of completion (check 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



Well #2

County: Yazoo

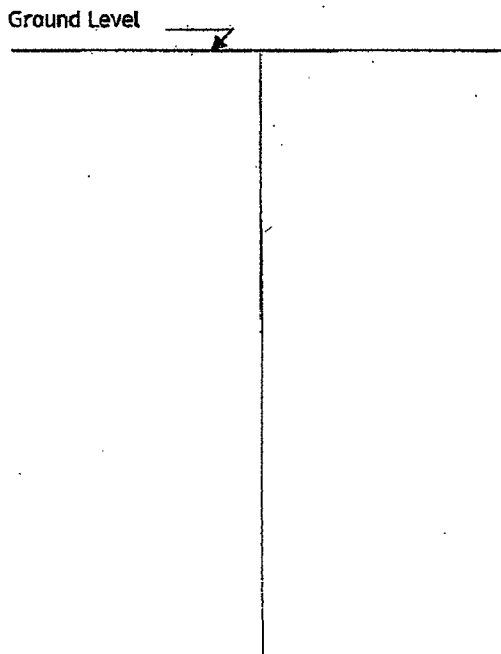
Permit #: _____

For Office Use Only:

Well #: Q82

The sketch below only required for water wells

If well telescopes, show depths on sketch.



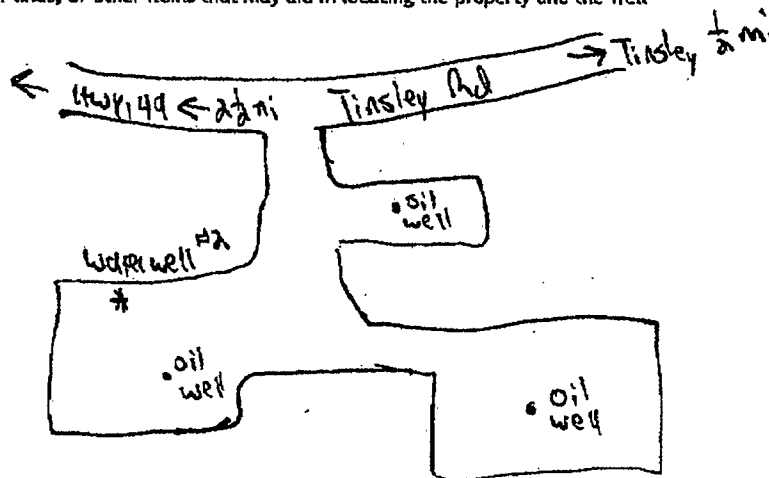
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Blow Sand | Ground level | 13 |
| Clay | 13 | 34 |
| Clay w/ large rocks | 34 | 39 |
| Clay | 39 | 76 |
| Maddy's Branch | 76 | 82 |
| Clay | 82 | 86 |
| Sand | 86 | 105 |
| Clay | 105 | 180 |
| Sand | 180 | 360 |
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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) north arrow



Landowner Name: Denbury Resources

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.

David West 0672
Print Name of Responsible Licensee and License No.

3-30-2018
Date

David West
Signature of Licensee

Well #2

STATE WELL REPORT

County: Yazoo
 Permit #: _____
 Driller: David West
 Date completed: 3-30-2018
Copy information from block on Part 1

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 #: Q 82
 Aquifer: _____

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 <u>32-44-28</u> <u>90-27-39</u> | |
| Owner Name: <u>Donbu Resources</u> | | Latitude: <u>32.74109°N</u> Longitude: <u>90.46098°W</u> | |
| Mailing Address: <u>5320 Legacy Drive</u> | | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ | |
| <u>Plano</u> City | <u>Tx</u> State | <u>NE 1/4 SW 1/4, Sec 1 T10N R3W</u> | |
| Telephone No. (<u>972</u>) <u>673-2000</u> | | <u>4</u> Miles <u>SSW</u> of <u>Yazoo City</u> (Distance) (Direction) (Nearest Town) | |

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 3-30-2018 Rated Pump Capacity: 85 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement Abandoned

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 1.5 Setting Depth: 200 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
 Method of measurement (check 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 (check 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.
David West 0-692 3-30-2018 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

[The text in this block is extremely faint and illegible. It appears to be a multi-paragraph document, possibly a letter or a report, but the content cannot be discerned.]