

well #1

### STATE WELL REPORT

204

County: Yazoo  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date drilling completed: 11-8-2008

**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 #: 984  
 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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Danbury Resources</u> Mailing Address: <u>5320 Legacy Dr.</u> <u>Plano</u> TX <u>75024</u> City State Zip Code Telephone No. <u>(972) 673-2000</u>			<b>Well or Borehole Location</b> Latitude: <u>32.746087</u> Longitude: <u>-90.463067</u> <u>32-44-45.91</u> <u>90-27-47.04</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW 1/4 NE 1/4, Sec 1 T. 10N R. 3W</u> <u>7</u> Miles <u>S</u> of <u>Yazoo City</u> (Distance) (Direction) (Nearest Town)		
---	--	--	--	--	--

**Well / Borehole Data**  
 Date drilling started: 11-7-2008 Date drilling completed: 11-8-2008 Hole depth: 410' Hole diameter: 6 1/2"  
 Location of the source of any surface water used for drilling: well water  
 Method of dosing and volume of Chlorine used in drilling and development: Tab's 500ppm  
 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: 108 feet  above or  below land surface Date measured: 11-8-2008  
 Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): Sonar  
 Well depth: 410' Well grouted to a depth of: 50 feet Type of grout (check one)  Neat Cement  Bentonite  Mix  
 Casing length: 350 feet Casing diameter: 4 inches Type of casing: Pvc  
 Screen length: 60 feet Screen diameter: 4 inches Type of screen: Pvc  
 Screen slot size: .010 inches Setting depth: From 310 feet to 370 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*

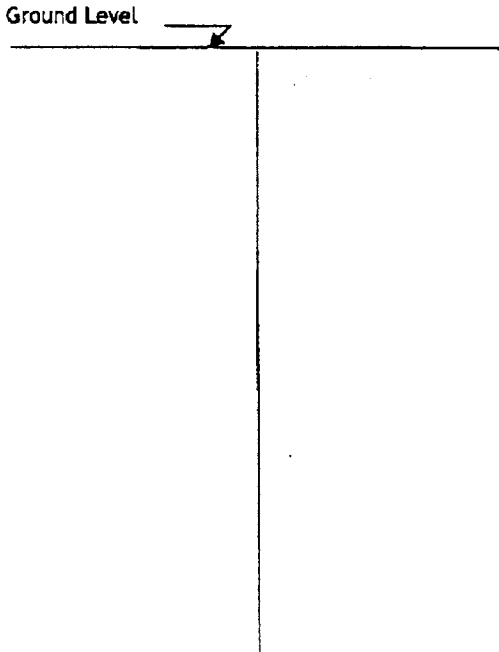
well # 9

County: Yazoo  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: Q 84

The sketch below only required for water wells

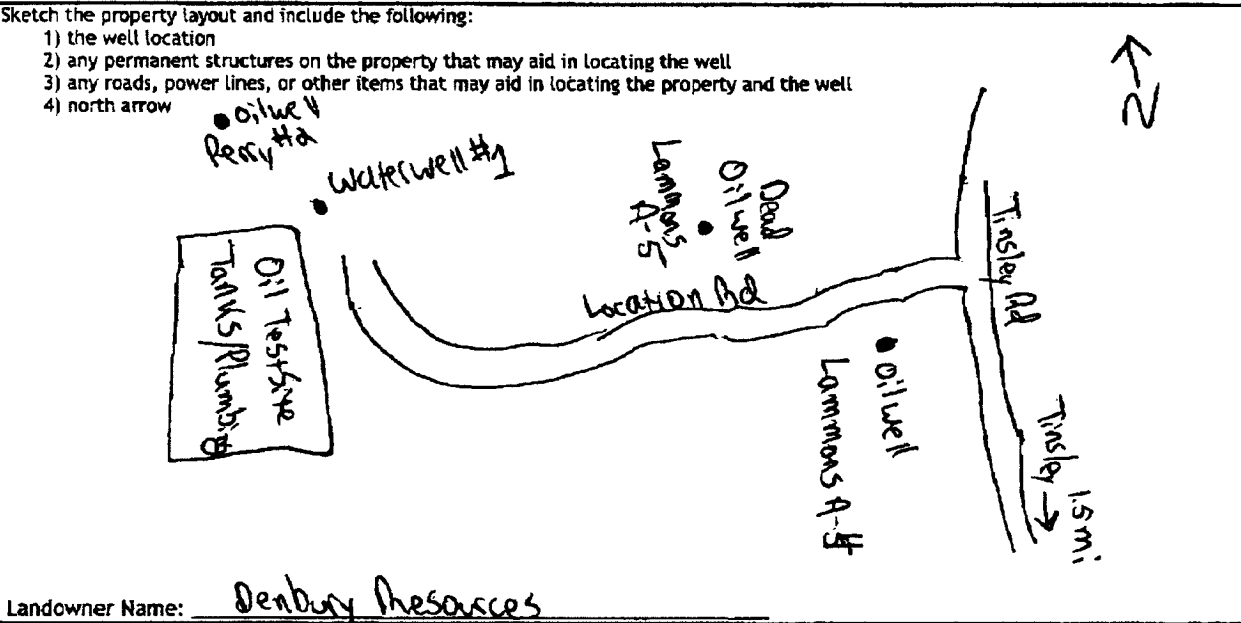
If well telescopes, show depths on sketch.



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)
Clay	Ground level	75
Loess	75	76
Sandy	76	118
Clay	118	220
Sandy streaks	220	300
Sand	300	370
Clay	370	410

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



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 0-692      1112-2018      David West  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

well #1

### 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 #: 984  
 Aquifer: \_\_\_\_\_

County: 60200  
 Permit #: \_\_\_\_\_  
 Driller: Dard West  
 Date completed: 11-8-2018  
 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 I 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 Resources</u>	Latitude: <u>32.946087</u>		Longitude: <u>-90.463067</u>	
Mailing Address: <u>6320 Legacy Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____			
<u>Plano</u> TX <u>75024</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____			
City State Zip Code	NW 1/4 NE 1/4, Sec 1 T 10N R 3W			
Telephone No. <u>(972) 693-2000</u>	<u>7</u> Miles <u>S</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: 11-14-2018 Rated Pump Capacity: 85 Gallons Per Minute  
 Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 7.5 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.  
Dard West 0692 11-12-2018 Dard West  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer