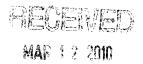
200	•			
Tru 10 2 14 7				
TFU 19-2 # C State W	'ell Report			
1 · · · · · · · · · · · · · · · · · · ·	ert 1 For Office Use Only:			
1 County 10 COO				
	-1 Webs December			
Permit #: Office of Land a	Box 10631 Well #:			
1 D-10 (10h.4 h/ 1h a //(0~ 1	IS 39289-0631 L. S. Elevation:			
	961-5210			
(601)35	4-6938 (fax) E-log #:			
	<u> </u>			
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 of the well.				
Well Owner Information	Well Location			
Owner Name Denbury Onshore	Latitude: 32 • 41 • 36 " Longitude: 90 • 26 • 10 "			
1	Daniel Da			
Mailing Address: P.O. Box 6506	Method of Lat/Long (circle one): Conventional Survey,			
1 1 1 1 1 1	rioga i W. II II one a			
Laure MS	USGS quad, Hand-held GPS, Survey-grade GPS			
	SE 4SE 4 Sec / Twn 10N Rng 22			
City State Zip Code				
	Distance Direction Nearest Town    O Miles			
Telephone No. ()				
Well	Data			
	Irrigation Fish Culture Other: 19 Supply			
Date well drilling started: 2-25-10 Date	well drilling completed: 2-27-10			
If flowing, method of flow regulation: Valve Other (d				
Static Water Level: 2/6 feet above on below (circle one) land surface Date measured: 2-27-/0				
Static Water Level: feet above or below (circle one)	and surface Parc incasurer.			
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 483 Well depth: 475	Well grouted to a depth offeet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 390 feet Casing diameter:	inches Type of casing:			
Screen length: 80 feet Screen diameter:	inches Type of screen: PVC Slotted			
Screen slot size:				
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				
teer ut reservation at anomalia mention ou pack of page				
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(e)				
Name of organization running log(s):  I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi				
I cerusy that the well was druied, constructed, and completed in accordance with all applicable requirements of the Mississippi				



Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

Ground Level	1 V 1	

Description of Formations Encountered	From	To #
sand clav	0	40
coarse Isand	40	55
sand + pea gravel	55	.75
blue clay	75	230
clav sand & /seashells	230	360
Sand	360	470
clay	470	483
ing the complete terms of people in a major sections of the	1111	<b></b>
And the second of the constitution of		
	L	<u> </u>
	<u> </u>	-
	<b></b>	<b> </b>
	<del> </del>	
	L	ļ
	<u> </u>	<b></b>
	<del> </del>	<del> </del>
	<del> </del>	<del> </del>
	<del></del>	<del> </del>
	+	+
	+	-
	<u> </u>	

the property layout and include the aid in locating the well; 3) an 4) indicate direction.	y roads, power lines,	or other items that	oil rig	ig me property	
_	ald cill	x2,1	v. loc	•	
			t unjuli strug		
ins					
٦					N/A
	Coz	top was			
	Plant				
	· · · · · · · · · · · · · · · · · · ·		e e jara jara		
	e sed een	Anding	Oil City		ing some state of
•		. :	× 17	ra	
lowner Name: Denbury	Onshore			1	

Signature of Water Well Contractor

## STATE WELL REPORT

## County: Va 200 Permit #: Date completed: 2-27-

Part 2 **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Office of Land and Water-Resources P.O. Box 10631 Jackson, MS 39289-0631

Aquifer. Well #: Elevation:

For Office Use Only:

(601)961-5210 (601)354-6938 (fax) 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 Location Well Owner Information Longitude: Latitude: Method of Lat/Long (check one): Conventional Survey\_ Mailing Address: Hand-held GPS\_\_\_\_, Survey-grade GPS 1/4 Sec Zip Code State City Nearest Town Direction Distance Yozoo C Telephone No. (\_ **Power Type** Pump Type Circle one Circle one **Gasoline Engine** Natural Gas Submersible Diesel Engine Jet Air Lift Tractor PTO . Hand Electric Motor Turbine Piston Bucket Other (specify): Windmill Flowing Well Centrifugal Rotary Horse Power Rating of Motor: Other (specify): 180 Setting Depth: Date Pump Installed: Number of Stages: Gallons Per Minute Rated Pump Capacity: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: Steel Tape Electric Measuring Line Air Line Feet Below Land Surface Other (specify): 230 Feet Below Land Surface Pumping Water Level (B): For flowing well, measured shut in head: Feet Below Land Surface Drawdown [(B) - (A)]: GPM with a drawdown of Well yielded Gallons Per Minute Test Pumping Rate: hours of pumping Duration of Pump Test (minimum 4 hours):

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge	
John W Thompson 0-679	the Worth	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form:	OLWR-SWR-18
		and second of the

MAR 1 2 2010