1FU6/V-03#1		VELL DEDODE	
County: Yazoo	SIALE	VELL REPORT	For Office Use Only:
·	D.	Part 1 iller's Log	Well #:R
Permit #:	Mississippi Departm	ent of Environmental Quality	<u> </u>
Driller: John W Thompson		d and Water Resources O. Box 2309	Aquifer:
Date drilling completed: 4-28-14	1	n, MS 39225-2309	E-Log #:
	•	01)961-5210	
		360-0535 (fax)	
State Law requires that this report  Department at the above address w			
Well Owner Informati	ion	Well or Bore	hole Location
(Landowner if borehole is not for a water well)		Latitude: 3059125" Lon	gitude: 390/6 24"
Owner Name: <u>Denbury Ons</u>	ore	32 44 38.5"	90° 26' 53"
Mailing Address: LO. Box 6506		Method of Lat/Long (check one)	,
Laure MS 39940			PS, Survey-grade GPS
		<u> </u>	6 T 10N R 2W
City State	Zip Code		Yaroo City
Telephone No. ()		(Distance) (Direction)	(Nearest Town)
		rehole Data	
Date drilling started: 4-27-14 Date  Location of the source of any surface w	ater used for drilling	: Local Creek	
Method of dosing and volume of Chlorin	ne used in drilling and	l development: <u>ada &amp; ga</u>	llow Dleach
Logs run (circle all applicable): No log ru		Ray Density Sonic Neutron	n Other:
Name of organization running log(s):			
Purpose of borehole (circle or e): Water	Well Geotechnica	l/Geological Investigation G	round Source Heat Pump
Seismi	c Survey Other (de	escribe)	
If drilling is not rela	ited to water well con	struction, skip the remainder	of this block
Purpose of Well (circle all applicable):	Home Industrial	Public Supply Irrigation F	ish Culture
Other (describe): 19 Supply			
If a flowing well, method of flow regula			
Static Water Level:feet	[above or below] (circle one)	and surface Date measured:	4-28-14
Method of measurement (circle one): St	eel tape Electric ta	oe Air line Other (describe):	
Well depth: $320$ Well grouted to a	depth of: <u>との</u> fee	t Type of grout (circle one): I	Neat Cement Bentonite Mix
Casing length: $260$ feet Ca	sing diameter:	inches Type of ca	asing: PVC
Screen length: $\underline{bO}$ feet Sc	reen diameter:	inches Type of s	creen: PVC Slotted
Screen slot size: <u>• O/O</u> inches	Setting depth: F	from <u>260</u> feet to	<i>320</i> 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 telesco	ped or more than on	e screen, describe on next page	e ·

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

County:		For	Office Use	Only:
The sketch below only required for water wells	Description of formations enc			
If well telescopes, show depths on sketch.	and boreholes, unless specific	ally exemp	oted by regulati	<u>ons</u>
Ground Level	Description of Formations Encoun	ntered	From (depth)	To (depth)
Grodila Levet	clay		Ground level	40
	clay & seashe	lls	40	60
	Olandi sail a	trins	60	240
	C104 4 3410 3	1.7/3	60	<u> </u>
	Sand		240	320
				· · · · · · · · · · · · · · · · · · ·
				<del></del>
				.,
		-		
		~-		
If more than one screen, show location of each on sketch				
<ul><li>2) any permanent structures on the property that may ai</li><li>3) any roads, power lines, or other items that may aid in</li><li>4) north arrow</li></ul>	id in locating the well locating the property and the well			
			. <del>**</del> :	
			<u> </u>	2 V 2 V 2 V
			i Sec	
andowner Name: Darbury				_
HEREBY CERTIFY that the well/borehole was drilled, or equirements of the Mississippi Department of Environm	constructed, and completed in a	ccordance oi Departm	with all applic	able regulations.
applicable, and state laws.	_ /		./	5 - 1 - 1 - 1 - 1

## STATE WELL REPORT

## County: Permit #: Driller: John Date completed: 4-28-14 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

For Offi	ce Use Only:
Well #:	. 88
Aquifer:	

(601	) 360-0535 (fax)				
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part 1 Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: Denbury Onshore	Latitude: 31°59′25″ Longitude: 89°16′24				
Mailing Address: 10. Dox 6506	Method of Lat/Long (check one): Conventional Survey,				
Laurel MS	USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
Pump Typ	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):				
	lated Pump Capacity:				
Is This Pump (circle one): (New) Repaired Replacemen					
Power Typ	oe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	dmill Other ( <i>describe</i> ):				
Horse Power Rating of Motor: 5 Setting Depth: 140 feet Number of Stages:					
, Pump Test Data for Non Flowing Well					
Date Well Tested: 4-28-14 Duration of Pump Test (minimum 4 hours): 4 hours					
Static Water Level (A): 88 Feet Below Land Surface Pumping Water Level (B): 92 Feet Below Land Surface					
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 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 $85$ GPM with a drawdown of $4$	feet afterhours 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.					

I HEREBY CERTIFY that the above statements are true to th	e best of my kno	owledge.
7/7	- 10 10	Of all of MACO
John W Mompson U-6/1	5-19-14	John W Thompse
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)