

Plum Creek 28-10#1 elev. 418

### State Well Report

#### Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: DAI  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jasper  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 12-5-12

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: <u>Venture Oil &amp; Gas</u> | Latitude: <u>32° 09' 28"</u> Longitude: <u>88° 52' 15"</u>                   |
| Mailing Address: <u>2075 13th Ave</u>    | Method of Lat/Long (circle one): <u>55</u> Conventional Survey, <u>57 56</u> |
| <u>Laurel MS 39440</u>                   | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS                           |
| City _____ State _____ Zip Code _____    | <u>NE 1/4 NE 1/4</u> Sec <u>28</u> Twn <u>4 N</u> Rng <u>13 E</u>            |
| Telephone No. ( ) _____                  | Distance _____ Direction <u>NE</u> Nearest Town <u>Rose Hill</u>             |

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: rig supply

Date well drilling started: 12-4-12 Date well drilling completed: 12-5-12

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 113 feet above or below (circle one) land surface Date measured: 12-5-12

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 340 Well depth: 320 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 260 feet to 320 feet

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

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

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 Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John W Thompson 0-679  
Print Name of Water Well Contractor and License No.

John W Thompson  
Signature of Water Well Contractor

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DEC 25 2012  
BY: OLWR

DAI

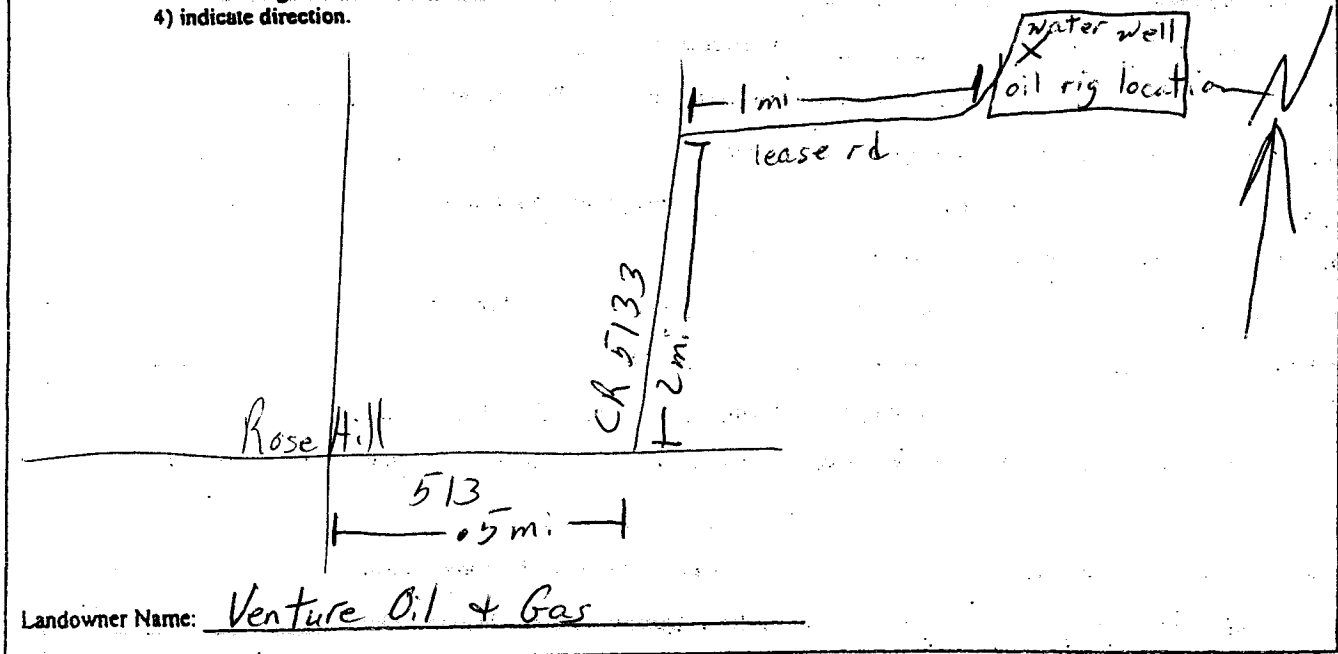
If well telescopes please sketch below and show depths.

Ground Level \_\_\_\_\_

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| sand                                  | 0    | 10  |
| clay                                  | 10   | 150 |
| clay & sand                           | 150  | 220 |
| sand & clay strips                    | 220  | 336 |
| clay                                  | 336  | 340 |
|                                       |      |     |
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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) indicate direction.



John W. Thompson  
Signature of Water Well Contractor

# STATE WELL REPORT

## 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  
 (601)961-5210  
 (601)354-6938 (fax)

County: Jasper  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 12-5-12  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D41  
 Elevation: \_\_\_\_\_

*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>Venture Oil + Gas</u>  | Latitude: <u>32°09'28"</u> Longitude: <u>88°52'45"</u>                                      |
| Mailing Address: <u>2075 13th Ave</u> | Method of Lat/Long (check one): <u>09 55</u> Conventional Survey <u>57 56</u>               |
| <u>Laurel MS 39440</u>                | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____ | <u>NE 1/4 NE 1/4 Sec 28 T 4 N R 13 E</u>  |
| Telephone No. ( ) _____               | Distance _____ Direction _____ Nearest Town _____   |
|                                       | <u>1</u> Miles <u>NE</u> of <u>Rose Hill</u>  |

| Pump Type<br>Circle one                           | Power Type<br>Circle one                                    |
|---|---|
| Air Lift _____ Jet _____ <u>Submersible</u>       | Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ |
| Bucket _____ Piston _____ Turbine _____           | Electric Motor _____ Hand _____ Tractor PTO _____           |
| Centrifugal _____ Rotary _____ Flowing Well _____ | Windmill _____ Other (specify): _____                       |
| Other (specify): _____                            | Horse Power Rating of Motor: <u>7.5</u>                     |
| Date Pump Installed: <u>12-5-12</u>               | Setting Depth: <u>180</u> feet                              |
| Rated Pump Capacity: <u>55</u> Gallons Per Minute | Number of Stages: _____                                     |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                        |
|---|--|
| Date Well Tested: <u>12-5-12</u>                            | Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____ |
| Static Water Level (A): <u>113</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>140</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                  |
| Drawdown [(B) - (A)]: <u>27</u> Feet Below Land Surface     | Well yielded <u>50</u> GPM with a drawdown of                        |
| Test Pumping Rate: <u>50</u> Gallons Per Minute             | <u>27</u> feet after <u>4</u> hours of pumping                       |
| Duration of Pump Test (minimum 4 hours): _____ hours        |  |

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

John W Thompson 0-679 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B  
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 BY: OLWR