

1st Nat Bank 9-15 #3

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: C 240
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: John W Thompson
Date drilling completed: 1-30-12

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 & Gas</u>	Latitude: <u>31.45.17.9"</u> Longitude: <u>89.06.08.2"</u>
Mailing Address: <u>2075 13th Ave</u> <u>Laurel, MS 39440</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec <u>9</u> Twn <u>9N</u> Rng <u>11W</u>
Telephone No. () _____	Distance <u>2</u> Miles Direction <u>16</u> of Nearest Town <u>Sharon</u>

Well Data

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

Date well drilling started: 1-30-12 Date well drilling completed: 1-30-12

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

Static Water Level: 3' feet above or below (circle one) land surface Date measured: 1-30-12

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

Hole depth: 90 Well depth: 60 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .020 inches Setting depth: From 40 feet to 60 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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FEB 16 2012
BY: OLWR

C240

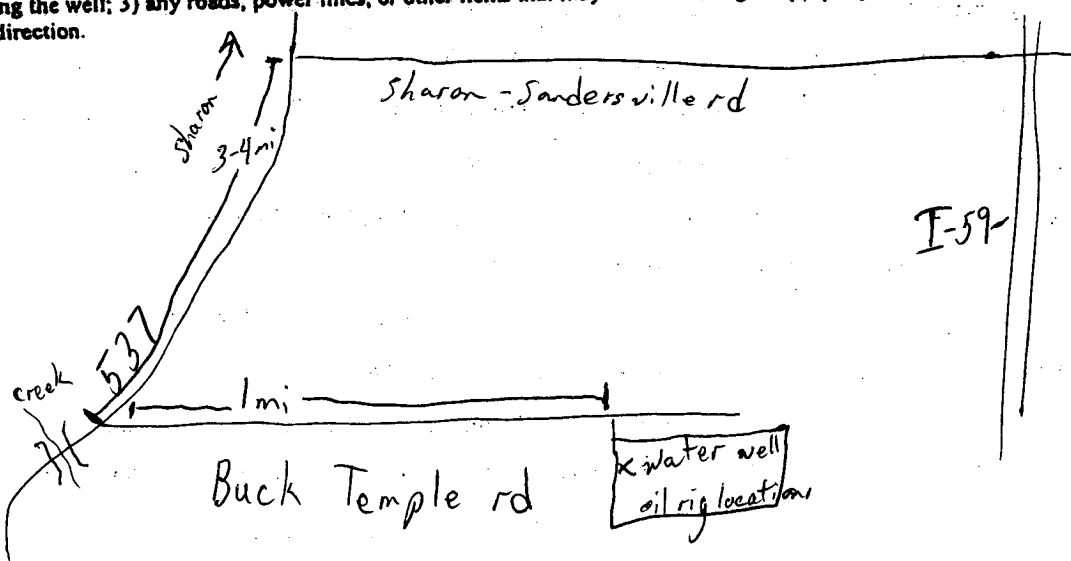
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Sand	0	60
hard blue clay	60	80
soft clay	80	90

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.



Landowner Name: Venture Oil & Gas

John W. Thompson
Signature of Water Well Contractor

C 240

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: Jones
 Permit #: _____
 Driller: John W Thompson
 Date completed: 1-30-12
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: C240
 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
 Owner Name: Venture Oil & Gas
 Mailing Address: 2075 13th Ave
Laurel MS 39440
 City State Zip Code
 Telephone No. () _____

Well Location
 Latitude: 31°45'17.9" Longitude: 89°06'08.2"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec X T 9N R 11W
 Distance Direction 16 Nearest Town
2 Miles S of Sharon

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 1-30-12
 Rated Pump Capacity: 55 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 3
 Setting Depth: 40 feet
 Number of Stages: _____

Pump Test Data
 Date Well Tested: 1-30-12
 Static Water Level (A): 3 Feet Below Land Surface
 Pumping Water Level (B): 21 Feet Below Land Surface
 Drawdown [(B) - (A)]: 18 Feet Below Land Surface
 Test Pumping Rate: 60 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 60 GPM with a drawdown of
18 feet after 4 hours of pumping

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

Form: OLWR-177
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 BY: OLWR