-	-	- 1
1	4	
1	2	

STATE WELL REPORT

Jones County: Permit # 3-18-2021 Date drilling completed:

Well Owner Information

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 #: 70 Aquifer: E-Log #:

Well or Borehole Location

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.

Venture Oil and Gas	Latitude:Longitude:
Owner Name:	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Laurel MS 39440	NE 1/4 NW 1/4, Sec 33 T 6N R IIW
City State Zip Code 601 428-7725 Telephone No. ()	11.8 Miles Oirection of Ellisville (Nearest Town)
3-18-2021 Date drilling started: Date drilling completed:_ Location of the source of any surface water used for drillin Method of dosing and volume of Chlorine used in drilling ar Logs run (check all applicable): ✓ log run ☐ Electric ☐ Samm Name of organization running log(s):	Creek on Ovett Petal Rd g:
	cal/Geological Investigation Ground Source Heat Pump describe) onstruction, skip the remainder of this block
Purpose of Well (check all applicable): Home Industrial Other (describe):	
If a flowing well, method of flow regulation: Valve98 Static Water Level:feetabove orbelo (check one)	w] land surface Date measured:
Method of measurement (check one) Steel tape Electric 320 Well depth: Well grouted to a depth of: feet	Type of grout (check one) Neat Cement Bentonite Mix PVC inches Type of casing: inches Type of screen:inches Type of screen:feet tofeet 2 0 221
Other (describe):	Brolwa
Top of lap pipe or reduction in casing:feet	one screen, describe on next page Form: OLWR-SWR-1A (4/13)

County: Jones Permit #:			i	r Office Use	
The sketch below only red		Description of formatio and boreholes, unless s	ns encountered pecifically exem	must be provide pted by regulati	ed for all wells
Ground Level	epths on sketch.	Description of Formations	Encountered	From (depth) Ground level	To (depth)
		Clay		0	90
		Sandy	to i	90	120
		Clay		120	250
		Sand	125	250	320
			*		
Mi No			+ 2		
8-6 X 500					
1					
If more than one screen, show	v location of each on sketch				2
Sketch the property layout and 1) the well location 2) any permanent structur 3) any roads, power lines, 4) north arrow Oil Location	Overt fetal hul	a locating the property and the		RE MA	CEIVE R 2 6 2021
andowner Name: Venture					
HEREBY CERTIFY that the equirements of the Mississi fapplicable, and state law	well/borehole was drilled, o ippi Department of Environr s.	constructed, and complete mental Quality and the Mis	ed in accordance ssissippi Departn	e with all appli nent of Health	cable regulations,
ravis West UNR-00010622 rint Name of Responsible I		3-23-2021 Date	/n w	of Licensee	

STATE WELL REPORT

Part 2

County: Jones

Driller: Travis West

Date completed: 3-18-2021

Copy information from block on Part 1

Permit #:

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 #:	P70
Aquifer:	-1

Vontur	wner Information		We	ll Location	
Owner Name:	re Oil and Gas		Latitude: 31.4459121	Longitude:09.10	
Mailing Address: 207	S 13th Ave		Method of Lat/Long (check		
Laurel	MS	39440	USGS quad, Hand-hel	ec 33 T 61	R I W
City Telephone No. (<u>601</u>)	State 428-7725	Zip Code	$\frac{11.8}{\text{(Distance)}} \text{Miles} \frac{\text{SSE}}{\text{(Direction)}}$	of Ellisville (Nearest	: Town)
		Pump Tvi	e (check one)		
Submarcible Murbine [7Air Lift □Centrifue		Uet□Piston □Rotary □Other	(describe):	
Date Pump Installed:	3-19-2021		ated Pump Capacity: 60		
Is This Pump (check on	ne): ☐New ✔ Repa	ired Replaceme	t		
	-	_	oe (check one)	2	100
			dmill Other (describe):		
Horse Power Rating of	Motor: 5	Setting Dep	h: 220feet Num	ber of Stages:	
		Pump Test Data	for Non Flowing Well		
Date Well Tested:			Duration of Pump Test (m.	inimum 4 hours):	hours
Static Water Level (A):	: Feet I	Below Land Surface	Pumping Water Level (B): Feet Bel	ow Land Surface
Drawdown [(B) - (A)]:	Fe	eet Below Land Sur	ace Test Pumping Rate:	Ga	llons Per Minute
Method of measureme	nt (check one): Ste		pe □Air line □Other (<i>descrit</i>	oe):	
		Pump Test Da	a for Flowing Well		
Measured shut in head	:feet.				
Well yielded	GPM with a dra	awdown of	feet after	hours of pumpir	ıg
		Meter	nstallation		
Meter Manufacturer: _			Meter Serial Number	:	
			Type of Meter:		
Totalizer Register Unit	T				RECEIV
Installation Date:					MAR 25
Is This Meter (check or		SCHEEN MINISTERNES - NORM - 100			DV OU
			ertifying that this meter was i proved meters is on the MDE	nstalled to manufacti Q website.	urer standards.
I HEREBY CERTIFY tha	t the above statem	ents are true to the	e best of my knowledge.		
Travis West UNI	7 00010000		3-23-2021	·	_

Form: OLWR-SWR-2A (4/13)