County: Sc	04	
Permit #:		
Driller: Gan	Ray	born
Date drilling com	!	( / . <del>-</del>

Well Owner Information (Landowner if borehole is not for a water well)

# STATE WELL REPORT

## Part 1

Driller's Log

Latitude: 32.47994 Longitude: 89. 42124

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)

lanner 6-5 #1
For Office Use Only:
Well #: H39
Aquifer:
E-Log #:

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. 32 28 47 Well or Borehole Location 5 35 16

Owner Name: DY D Drilling Inc.  Mailing Address: (For Venture Oil & Gas)  P.O. BOX 1634  Ferriday LA 71334  City State Zip Code  Telephone No. (50) 757-3274	Method of Lat/Long (check one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  SW 1/4 NW 1/4, Sec 6 T 7 N R 9 E  (Distance) (Direction) (Nearest Town)		
	prehole Data		
Well / Bo  Date drilling started: 9 21 15 Date drilling completed:	12(15 Hole depth: 60' Hole diameter: 4'		
Location of the source of any surface water used for drilling:			
Method of dosing and volume of Chlorine used in drilling a	nd development:		
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s):			
Purpose of borehole (circle one): Water Well Geotechni	cal/Geological Investigation Ground Source Heat Pump		
- · · · · · · · · · · · · · · · · · · ·	(describe)		
If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture			
Other (describe): Rig Supply			
If a flowing well, method of flow regulation: Valve	Other (describe)		
Static Water Level: 15 feet [above or below] and surface Date measured: 9 21 15			
Method of measurement (circle one): Steel tape   Electric tape   Air line   Other (describe):			
Well depth: 60 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 40 feet Casing diameter:	1 inches Type of casing: PVC		
Screen length: 20 feet Screen diameter: _	inches Type of screen:		
Screen slot size: <u>O20</u> inches Setting depth	: From 40 feet to 60 feet		
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Detection (circle all applicable):			
Other (describe):	SEP 23 20 15		
Top of lap pipe or reduction in casing:feet			
If telescoped or more than one screen, describe on next page  Form: OFWR SWR A (4/13)			

County:		<b>I</b>	r Office Use	Ť
The sketch below only required for water wells	<u>Description of formation</u> and boreholes, unless s	ons encountered specifically exem	must be provided pted by regulation	d for all wells
If well telescopes, show depths on sketch.  Ground Level	Description of Formations	s Encountered	From (depth)	To (depth)
Grodita Levet	Chalk		Ground level	_15
	Sand		15	60
İ	7	·		
			ļ	
		··· · · · · · · · · · · · · · · · · ·		
	*			
		- / · . · · · · · · · · · · · · · · · · ·	-	
If 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 a 3) any roads, power lines, or other items that may aid is 4) north arrow	aid in locating the well n locating the property and the	e well		
Sol May 2 miles	Lucation Well	) <sub>C</sub> .		
Hwy80 Forest				
	-			
J-20 Landowner Name:				
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environ if applicable, and state laws.	constructed, and complete mental Quality and the Mis	ed in accordance sissippi Departn	e with all application	able egulations,
Rayborn Drilling Inc. 0-60 Print Name of Responsible Licensee and License No.	9/22/15	Signature	of Licensee	
			Form: C. WR-S	WR-1A (4/13)

## County: . Permit #: Driller: Gar Date completed: 9/21 Copy information from block on Part 1

### STATE WELL REPORT 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

(601) 360-0535 (fax)

Tanner 6-5 #1
For Office Use Only:
well #: H39
Aquifer:

Il contractor or a licensed pump installer. A copy of Part 1

This part of the report must be completed by a licensed water	epartment at the above address within 30 days of well completion.	
Well Owner Information	· Well Location	
Owner Name: D& D Drilling Inc.	Latitude: 32,47994 Longitude: 89,42124	
Mailing Address: (for Venture 0:19 Gas)	Method of Lat/Long (check one): Conventional Survey,	
P.O. Box 1634	USGS quad, Hand-held GPS, Survey-grade GPS	
Ferriday LA 71334 City State Zip Code		
	10_Miles NE of Forest (Distance) (Direction) (Nearest Town)	
Telephone No. (3(8) 757 - 3274	(Distance) (Direction) (Nedrest 10WII)	
	pe (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):	
Date Pump Installed: 9/21/15	Rated Pump Capacity:	
Is This Pump (circle one): New Repaired Replacemen		
Power Ty	pe (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Win	dmill Other (describe):	
Horse Power Rating of Motor: Setting Dept	h: 42feet Number of Stages:	
Pump Test Data	for Non Flowing Well	
Date Well Tested: 9 21 15	Duration of Pump Test (minimum 4 hours): hours	
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface		
Drawdown [(β) - (Δ)]: Feet Below Land Sur	face Test Pumping Rate: 60 Gallons Per Minute	
Method of measurement (circle one): Steel tape Electric t	ape Air line Other (describe):	
Pump Test Da	ta for Flowing Well	
Measured shut in head:feet.		
Well yieldedGPM with a drawdown of	feet afterhours of pumping	
	Installation	
	Meter Serial Number:	
Meter Madulatturer.	Type of Meter:	
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):		
Installation Date: Meter installed by:	The state of the s	
Is This Meter (circle one): New Repaired Replacem	A SE COMMENT AND AND A SECURITY OF THE PROPERTY OF THE PROPERT	
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.  SEP 9.3 2015		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
THEREDI CERTIFI trial the above statements are true to	DY JUNE	
Rayborn Drilling Inc. 0-60	e) Date Signature of Pump Intaller	
Print Name of Pump Installer and License No. (if applicable	Form: OLWR-SWR-1B (4/13)	