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STATE WELL REPORT

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)

County: Smith
Permit #:
Driller: David West
Date drilling completed: 6-17-2019

For Office Use Only:
Well #: R118
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.

Well Owner Information (Landowner if borehole is not for a water well)
Owner Name: Venture Oil & Gas
Mailing Address: 207 S 13th Ave
Lawrel MS 39440
City State Zip Code
Telephone No. (601) 428-9725
Well or Borehole Location
Latitude: 31-51-31 Longitude: 89-20-06
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SE 1/4, Sec 6 T 10N R 9E
5 Miles NE of Taylorsville 13W
(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 6-17-2019 Date drilling completed: 6-17-19 Hole depth: 175' Hole diameter: 6 1/2"
Location of the source of any surface water used for drilling: Creek on SCR 33
Method of dosing and volume of Chlorine used in drilling and development: Tabs Solpm
Logs run (check all applicable): [X] log run [ ] Electric [ ] Gamma Ray [ ] Density [ ] Sonic [ ] Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well [X] Geotechnical/Geological Investigation [ ] Ground Source Heat Pump [ ] Seismic Survey Other (describe)
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check all applicable): [ ] Home [ ] Industrial [ ] Public Supply [ ] Irrigation [ ] Fish Culture
Other (describe): Pig Supply
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 68 feet [ ] above or [X] below land surface Date measured: 6-17-2019
Method of measurement (check one) [ ] Steel tape [ ] Electric tape [ ] Air line [ ] Other (describe): Sonar
Well depth: 175 Well grouted to a depth of: 40 feet Type of grout (check one) [ ] Neat Cement [X] Bentonite [ ] Mix
Casing length: 135 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 135 feet to 175 feet
Type of completion (check all applicable) [X] gravel packed [ ] Underreamed [ ] Open hole [ ] Natural Development
Other (describe):
Top of lap pipe or reduction in casing: feet
If telescoped or more than one screen, describe on next page

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County: Smith  
Permit #: \_\_\_\_\_

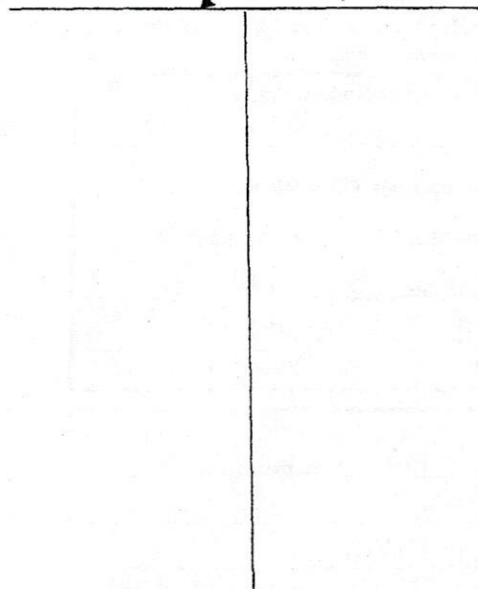
For Office Use Only:  
Well #: R118

The sketch below only required for water wells

If well telescopes, show depths on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Ground Level →



Description of Formations Encountered	From (depth) Ground level	To (depth)
Fill		20
Clay/Sandy	20	41
Sand/Coarse	41	106
Clay	106	138
Sand	138	125

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 aid in locating the well  
3) any roads, power lines, or other items that may aid in locating the property and the well  
4) north arrow

Landowner Name: Venture Oil & Gas

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Douglas O-672      6-17-2019      [Signature]  
Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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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)

For Office Use Only:

Well #: R118
Aquifer:

County: Smith
Permit #:
Driller: David West
Date completed: 6-17-2019
Copy information from block on Part 1

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: 207 S 13th Ave, Laurel MS 39440, Telephone No. (601) 428-7725
Well Location: Latitude: Longitude: Method of Lat/Long: Conventional Survey, USGS quad SE 1/4 SE 1/4, Sec 6 T10N R9E, 5 Miles NE of Taylorville

Pump Type (check one): Submersible [X] Turbine [ ] Air Lift [ ] Centrifugal [ ] Flowing Well [ ] Jet [ ] Piston [ ] Rotary [ ] Other (describe):
Date Pump Installed: 6-17-2019 Rated Pump Capacity: 50 Gallons Per Minute
Is This Pump (check one): [ ] New [ ] Repaired [ ] Replacement [X] Rental

Power Type (check one): Electric [X] Diesel [ ] Gasoline [ ] Natural Gas [ ] Tractor PTO [ ] Windmill [ ] Other (describe):
Horse Power Rating of Motor: 5 Setting Depth: 160 feet Number of Stages:

Pump Test Data for Non Flowing Well
Date Well Tested: 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 [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute
Method of measurement (check one): Steel tape [ ] Electric tape [ ] Air line [ ] Other (describe):

Pump Test Data for Flowing Well
Measured shut in head: feet.
Well yielded GPM with a drawdown of feet after hours 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 (check 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.
David West 0672 6-17-2019 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer