

STATE WELL REPORT

Smith
County: _____
Permit #: _____
Driller: Travis West
Date drilling completed: 1-19-2022

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 #: R120
Aquifer: _____
E-Log #: _____

elev 430

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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 and Gas Mailing Address: 207 S 13th Ave Laurel MS 39440 City State Zip Code Telephone No. (601) 428-7725			Well or Borehole Location Latitude: 31.851852 Longitude: -89.3187846 Method of Lat/Long (check one): Conventional Survey _____, X USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ SE 1/4 NE 1/4, Sec 08 T 10N R 13W 3.2 Miles W of Stringer (Distance) (Direction) (Nearest Town)		
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Well / Borehole Data
Date drilling started: 1-19-2022 Date drilling completed: 1-19-2022 Hole depth: 200ft Hole diameter: 6 1/2in
Location of the source of any surface water used for drilling: Creek on Location Rd.
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): ☒ log run ☐ Electric ☐ Gamma Ray ☐ Density ☐ Sonic ☐ Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well ☒ 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): Rig Supply
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 74 feet ☐ above or ☒ below land surface Date measured: 1-3-2022
(check one)
Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): Soanr
Well depth: 200 Well grouted to a depth of: 20 feet Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix
Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 140 feet to 200 feet
Type of completion (check all applicable): ☒ 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

Permit #: _____

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For Office Use Only:Well #: R120

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

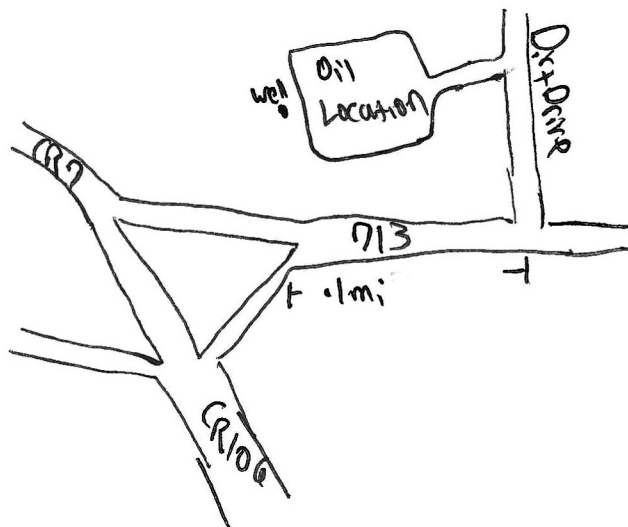
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

[illegible]

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 and 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.

Travis West UNR-00010622

Print Name of Responsible Licensee and License No.

1-19-2022

Date _____

Signature of Licensee

Form: OLWR-SWR-1B (4/13)

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)

County: Smith
Permit #: _____
Driller: Travis West
Date completed: 1-3-2022
Copy information from block on Part 1

For Office Use Only:

Well #: R120
Aquifer: _____
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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.

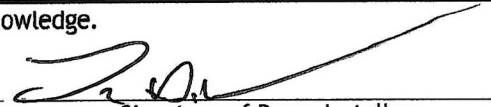
Well Owner Information			Well Location	
Owner Name: <u>Venture Oil and Gas</u>			Latitude: <u>31.851852</u>	Longitude: <u>-89.3187846</u>
Mailing Address: <u>207 S 13th Ave</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____	
<u>Laurel</u>	<u>MS</u>	<u>39440</u>	<u>3.2</u> Miles	<u>W</u> of <u>Stringer</u>
City	State	Zip Code	(Distance)	(Direction) (Nearest Town)
Telephone No. (601) <u>425-7725</u>				

Pump Type (check one)	
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>1-19-2022</u>	Rated Pump Capacity: <u>60</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
Power Type (check one)	
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>7.5</u>	Setting Depth: <u>160</u> 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 <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> 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): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Travis West UNR-00010622</u>	<u>1-19-2022</u>	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer