

Bishop 33-11 #1

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: _____
Well #: J-139
L. S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: _____
Driller: John W Thompson
Date drilling completed: 2-29-08

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</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1104 West 1st st ste 4</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>9N</u> Rng <u>6W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>NE</u> of <u>Waynesboro</u>

Well Data

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

Date well drilling started: 2-27-08 Date well drilling completed: 2-29-08

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

Static Water Level: 131 feet above or below (circle one) land surface Date measured: 2-29-08

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

Hole depth: 623 Well depth: 615 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 555 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: 0.010+0.008 inches Setting depth: From 555 feet to 615 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. Signature of Water Well Contractor

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MAR 11 2008
BY: OLWR

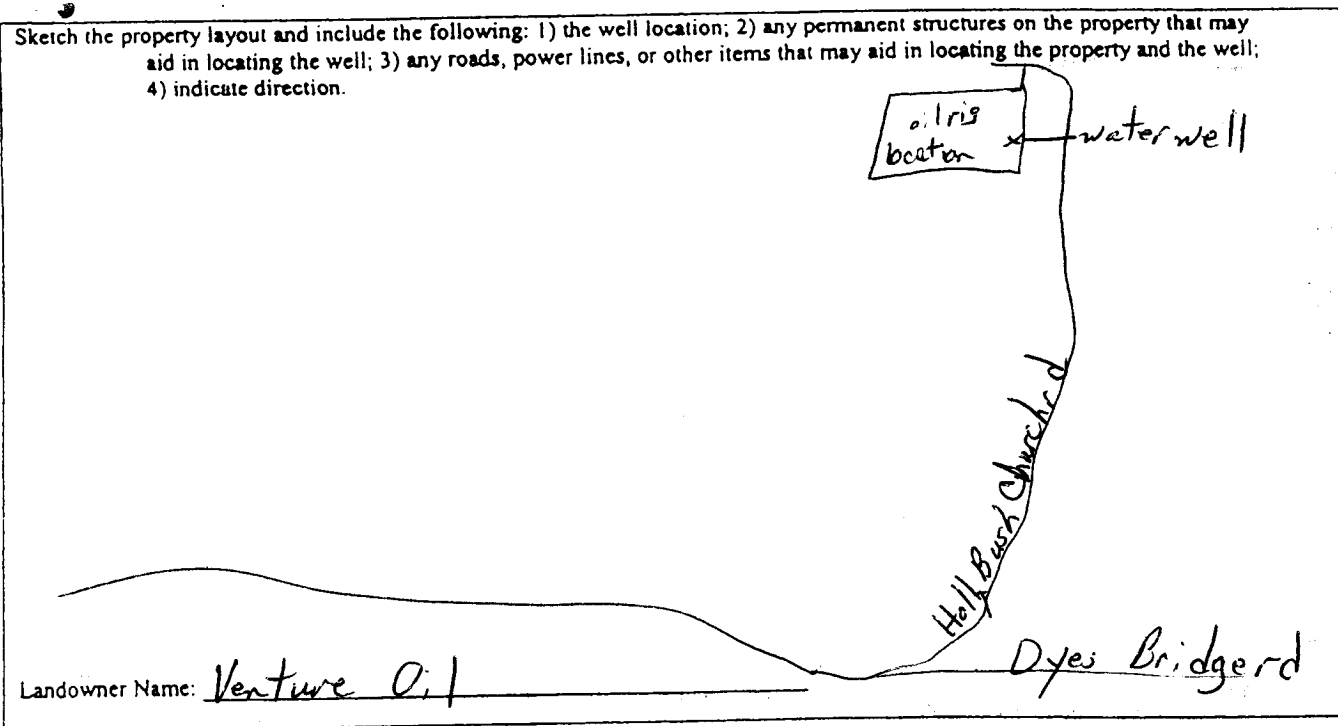
J-139

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
sand	0	90
clay & rock	90	470
sand clay & rock strata	470	533
sand	533	610
clay	610	623

more than one screen, show location of each on sketch



John W. Thompson
 Signature of Water Well Contractor

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)

For Office Use Only:

Aquifer: _____

Well #: J-139

Elevation: _____

County: Wayne
Permit #: _____
Driller: John W. Thompson
Date completed: 2-29-08

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Venture Oil</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1104 West 1st st ste 4</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Lawrence MS</u>	<input type="checkbox"/> UGGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>9N</u> Rng <u>6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>NE</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Diesel Engine
<input type="checkbox"/> Bucket	<input type="checkbox"/> Gasoline Engine
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Natural Gas
Other (specify): _____	<input checked="" type="checkbox"/> Electric Motor
Date Pump Installed: <u>2-29-08</u>	<input type="checkbox"/> Hand
Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Tractor PTO
	Windmill Other (specify): _____
	Horse Power Rating of Motor: <u>7 1/2</u>
	Setting Depth: <u>180</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-29-08</u>	<input type="checkbox"/> Air Line
Static Water Level (A): <u>131</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>154</u> Feet Below Land Surface	<input type="checkbox"/> Steel Tape
Drawdown [(B)-(A)]: <u>23</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>100</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>100</u> GPM with a drawdown of
	<u>23</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W. Thompson 0-679
Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
Signature of Pump Installer

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