

Shoemaker 17-8#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: L98  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wayne  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 1-16-12

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 &amp; Gas</u>	Latitude: <u>31.39.40"</u> Longitude: <u>88.54.46"</u>
Mailing Address: <u>2075 13th Ave</u> <u>Laurel MS 39440</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>54 1/4 NE 1/4 Sec 17 1/2 Twn 8N Rng 9W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>3 Miles SE of Streightford</u>
Telephone No. ( ) _____	

**Well Data**

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

Date well drilling started: 1-16-12 Date well drilling completed: 1-16-12

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

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 1-16-12

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

Hole depth: 203 Well depth: 200 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 160 feet to 200 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.

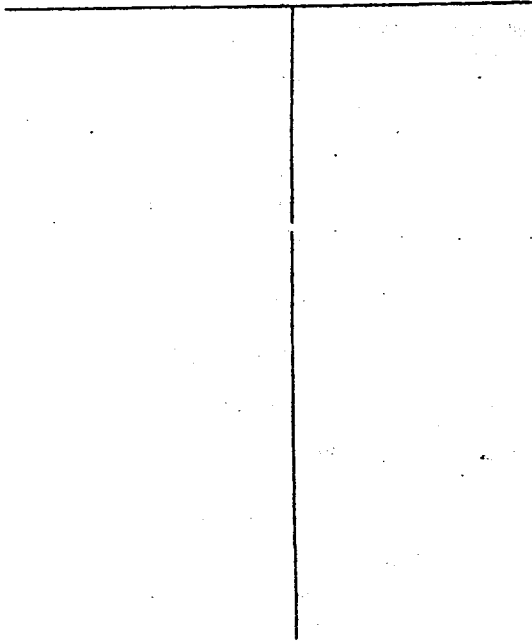
John W Thompson  
Signature of Water Well Contractor

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JAN 23 2012  
BY: OLWR

L98

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
	0	

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) indicate direction.

Landowner Name: \_\_\_\_\_

Signature of Water Well Contractor \_\_\_\_\_

L98

# 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)

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 1-16-12  
*Copy information from block on Part 1*

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L98  
 Elevation: \_\_\_\_\_

*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: 2075 13th Ave  
Laurel MS 39440  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**  
 Latitude: 31°39'40" Longitude: 88°54'46"  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_, Hand-held GPS , Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 17 T. 8N R. 9W  
 Distance Direction Nearest Town  
3 Miles SE of Strengthford

**Pump Type**  
 Circle one  
 Air Lift Jet  **Submersible**   
 Bucket Piston  Turbine   
 Centrifugal Rotary  Flowing Well   
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 1-16-12  
 Rated Pump Capacity: 85 Gallons Per Minute

**Power Type**  
 Circle one  
 Diesel Engine  Gasoline Engine  Natural Gas   
**Electric Motor**  Hand  Tractor PTO   
 Windmill  Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 5  
 Setting Depth: 100 feet  
 Number of Stages: \_\_\_\_\_

**Pump Test Data**  
 Date Well Tested: 1-16-12  
 Static Water Level (A): 32 Feet Below Land Surface  
 Pumping Water Level (B): 68 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 36 Feet Below Land Surface  
 Test Pumping Rate: 100 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 4 hours

**Method of Measuring Water Level**  
 Circle one  
**Air Line**  Electric Measuring Line  Steel Tape   
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded 100 GPM with a drawdown of  
36 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
John W Thompson 0-679 John W Thompson  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B  
**RECEIVED**  
 JAN 23 2012  
 BY: OLWR