

Shoemake elev 287  
17-9 #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:	<u>L 100</u>
Well #:	_____
L. S. Elevation:	_____
E-log #:	_____

County:	<u>Wayne</u>
Permit #:	_____
Driller:	<u>John W Thompson</u>
Date drilling completed:	<u>1-5-12</u>

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 + Gas</u>		Latitude:	<u>31.39.30</u> " Longitude: <u>88.54.50</u> "
Mailing Address:	<u>2075 13th Ave Laurel MS 39440</u>		Method of Lat/Long (circle one):	<u>Conventional Survey</u>
	City	State	Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. ( )	_____	_____	_____	<u>NE 1/4 SE 1/4 Sec 17 Twn 8N Rng 12W</u>
				Distance Direction Nearest Town
				<u>3</u> Miles <u>N</u> of <u>Strengthford</u>

Well Data	
Purpose of Well (circle one)	<u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: <u>rig supply</u>
Date well drilling started:	<u>1-5-13</u> Date well drilling completed: <u>1-5-13</u>
If flowing, method of flow regulation:	Valve _____ Other (describe) _____
Static Water Level:	<u>32</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>1-5-13</u>
Method of Measurement (circle one)	steel tape <u>electric tape</u> air line other: _____
Hole depth:	<u>240</u> Well depth: <u>220</u> Well grouted to a depth of <u>20</u> feet
Type of grout (circle one):	Cement <u>Bentonite</u> Mix
Casing length:	<u>180</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length:	<u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC Slotted</u>
Screen slot size:	<u>.008</u> inches Setting depth: From <u>180</u> feet to <u>220</u> feet
Type of completion (circle all applicable):	Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>
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): <u>No log run</u> 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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L100

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
sand	0	15
clay	15	100
lignite	100	120
clay + sand	120	140
sand	140	230
clay	230	240

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: Venture Oil & Gas

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)

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 1-5-12  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L100  
 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	Well Location
Owner Name: <u>Venture Oil &amp; Gas</u>	Latitude: <u>31°39'30"</u> Longitude: <u>88°54'50"</u>
Mailing Address: <u>2075 13th Ave</u> <u>Laurel MS 39440</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ ¼ _____ ¼ Sec. <u>17</u> T <u>8N</u> R <u>9W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. ( ) _____	<u>3</u> Miles <u>N</u> of <u>Streightford</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>1-5-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-5-12</u>	<u>Air Line</u> _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>32</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>56</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>24</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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) Signature of Pump Installer

Form: OLWR-SWR-1B

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