

BOE 16-6 #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)

County: Wayne
 Permit #: _____
 Driller: John W Thompson
 Date drilling completed: 4-29-08

For Office Use Only:
 Aquifer: _____
 Well #: Q-239
 L. S. Elevation: _____
 E-log #: _____

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): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>16</u> Twn <u>8N</u> Rng <u>6W</u> |
| Telephone No. () _____ | Distance <u>2</u> Miles <u>E</u> Direction of <u>Waynesboro</u> Nearest Town |

Well Data

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

Date well drilling started: 4-24-08 Date well drilling completed: 4-29-08

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

Static Water Level: 52 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 660 Well depth: 640 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Resonite Mix

Casing length: 600 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 600 feet to 640 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

RECEIVED
MAY 27 2008
BY: OLWR

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: 4-29-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-239
 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</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1104 West 1st st ste 4</u> <u>Laurel MS</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>16</u> T <u>8N</u> R <u>6W</u> |
| City _____ State _____ Zip Code _____ | Distance _____ Direction _____ Nearest Town _____ |
| Telephone No. (____) _____ | <u>2</u> Miles <u>E</u> of <u>Waynesboro</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>7 1/2</u> |
| Date Pump Installed: <u>4-29-08</u> | Setting Depth: <u>160</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>4-29-08</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>52</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>100</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>48</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>48</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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
 MAY 27 2008
 BY: OLWR