

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 #: n/a
Driller: Tom Griffith W.W. Inc.
Date drilling completed: 11/28/08

For Office Use Only:
Aquifer: _____
Well #: Ø245
L. S. Elevation: _____
B-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.

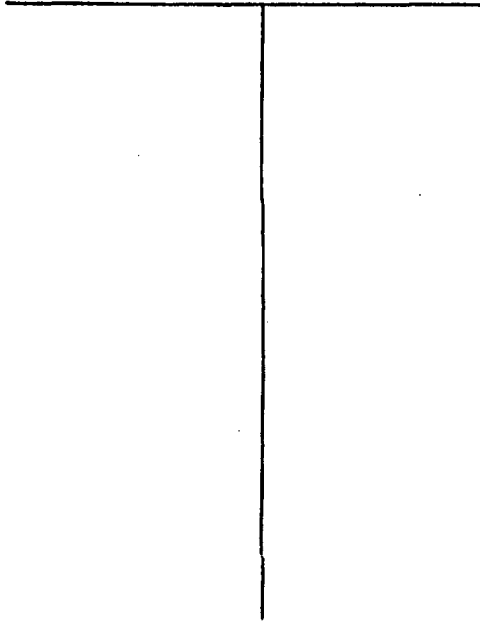
| Well Owner Information | Well Location |
|---|--|
| Owner Name: <u>Venture Oil & Gas</u> | Latitude: <u>31 39.05</u> , Longitude: <u>88 36.59</u> |
| Mailing Address: <u>1104 West 1st Street</u> <u>STE. 4</u> | Method of Lat/Long (circle one): Conventional Survey. |
| <u>Laurel, MS 39440</u> | USOS quad. Hand-held GPS Survey-grade GPS |
| City State Zip Code | <u>NW ¼ NW ¼ Sec 20 22 17 Twn 8N Rng 6W</u> <u>OK</u> |
| Telephone No. <u>(601) 961-6743</u> | Distance Direction Nearest Town <u>4</u> Miles <u>SE</u> of <u>Waynesboro, MS</u> |
| Well Data | |
| Purpose of Well (circle one) Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: <u>Log Supply</u> | |
| Date well drilling started: <u>11/25/2008</u> | Date well drilling completed: <u>11/27/2008</u> |
| If flowing, method of flow regulation: Valve <u>n/a</u> Other (describe) _____ | |
| Static Water Level: <u>150</u> feet above or below (circle one) land surface Date measured: <u>11/27/08</u> | |
| Method of Measurement (circle one) steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> <u>air line</u> <input checked="" type="checkbox"/> other: _____ | |
| Hole depth: <u>665</u> Well depth: <u>665</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): Cement <input type="checkbox"/> <u>Bentonite</u> <input checked="" type="checkbox"/> Mix <input type="checkbox"/> | |
| Casing length: _____ 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>201.010</u> inches <u>Top</u> Setting depth: From <u>625</u> feet to <u>665</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/> | |
| Other (describe): _____ | |
| Top of lap pipe or reduction in casing: <u>n/a</u> feet. If telescoped or more than one screen, describe on back of page | |
| Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: <u>Elec.</u> | |
| Name of organization running log(s): <u>MS Geological Survey</u> | |
| 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. | |
| <u>Tom Griffith Water Well 0-402</u> | <u>Tom Griffith W.W. Inc.</u> |
| Print Name of Water Well Contractor and License No. | Signature of Water Well Contractor |

RECEIVED
DEC 08 2008
BY: OLWR

If well telescopes please sketch below and show depths.

Tom Griffithy Wtr. Well 11/26/2008
Venture OAG Wayne Co. 228N 6W

Ground Level

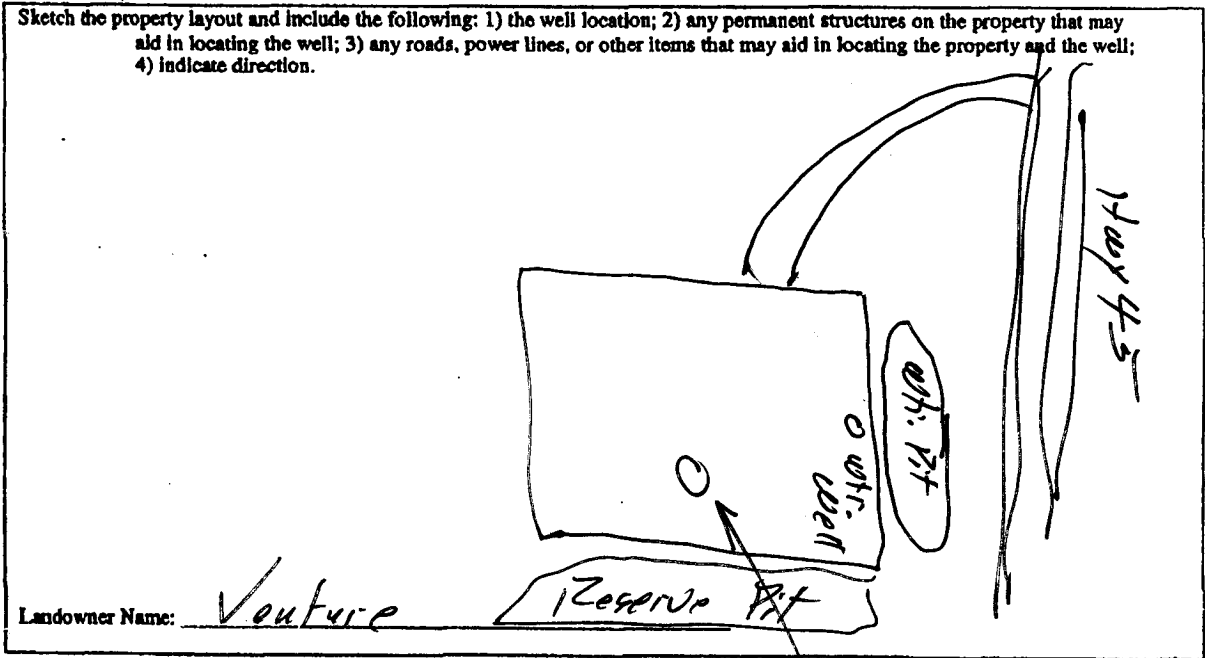


| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Fill pit | 0 | 10 |
| sand & sandy clay | 10 | 70 |
| clay | 70 | 140 |
| sand | 140 | 150 |
| clay | 150 | 220 |
| sand | 220 | 240 |
| clay | 240 | 620 |
| sand | 620 | 666 |
| (water was black tint) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

93
Ø 245

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.



Signature of Water Well Contractor
Tom Griffithy

oil well

RECEIVED
DEC 08 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)334-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: 293 ϕ 245

Elevation: _____

County: Wayne
 Permit #: 21/4
 Driller: Tom Griffith
 Date completed: 11/24/2008

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 & Gas</u> | Latitude: <u>31° 39' 05"</u> Longitude: <u>88° 36' 59"</u> |
| Mailing Address: <u>1104 West 1ST Street</u> <u>STE. 4</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Laurel MS 39440</u> | USGS quad, Hand-held GPS, Survey grade GPS |
| City State Zip Code | <u>1/4</u> <u>1/4</u> Sec <u>22²⁰</u> Twn <u>8N</u> Rng <u>6W</u> |
| Telephone No. <u>(601) 961-6743</u> | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>SE</u> of <u>Waynesborough</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>11/24/08</u> | Setting Depth: <u>231'</u> feet |
| Rated Pump Capacity: <u>85</u> Gallons Per Minute | Number of Stages: <u>20</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>11/24/08</u> | <u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>150</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>?</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>?</u> Feet Below Land Surface | Well yielded <u>60</u> GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>60</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): <u>2 1/2</u> hours | |

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

Tom Griffith Water Well _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 DEC 08 2008
 BY: OLWR