

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: Covington
 Permit #: _____
 Driller: Tom Griffith
 Date drilling completed: 3/7/2007

For Office Use Only:
 Aquifer: _____
 Well #: M-70
 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>EDGE Petroleum</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1301 TRAVIS, Suite 2000</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Houston, TX 77002</u> City State Zip Code	<u>1/4 1/4 Sec 28 Twn 6N Rng 15W</u>
Telephone No. <u>713 654 8960</u>	Distance <u>7</u> Miles Direction <u>N</u> of Nearest Town <u>Sumrall, MS</u>

Well Data

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

Date well drilling started: 3/5/07 Date well drilling completed: 3/7/07

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 3/7/07

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

Hole depth: 95' Well depth: 95' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 55' feet Casing diameter: 4 inches Type of casing: 50640 PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: 70' 50640 PVC Net .010 70' 50640 PVC .020 Top Bottom

Screen slot size: .020 inches Setting depth: From 55' feet to 95' 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: n/a 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: None

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.

Tom Griffith Water Well & Conductor Services, Inc.
Tom Griffith
 Print Name of Water Well Contractor and License No. 0402 Signature of Water Well Contractor

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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 #: M-70

Elevation: _____

County: Covington
 Permit #: _____
 Driller: _____
 Date completed: _____

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>Edge Petroleum</u> Mailing Address: <u>1301 Travis, Suite 2000</u> <u>Houston, TX 77002</u> <small>City State Zip Code</small> Telephone No. <u>713 654-8960</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec. <u>28</u> Twn. <u>6N</u> Rng. <u>15W</u> Distance Direction Nearest Town <u>4</u> Miles <u>N</u> of <u>Surrell, TX</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>3/7/07</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	Diesel Engine <input checked="" type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>5HP</u> Setting Depth: <u>63'</u> feet Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/7/07</u> Static Water Level (A): <u>25</u> Feet Below Land Surface Pumping Water Level (B): <u>?</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>?</u> Feet Below Land Surface Test Pumping Rate: <u>85</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>2</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>85</u> GPM with a drawdown of _____ feet after _____ hours of pumping

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

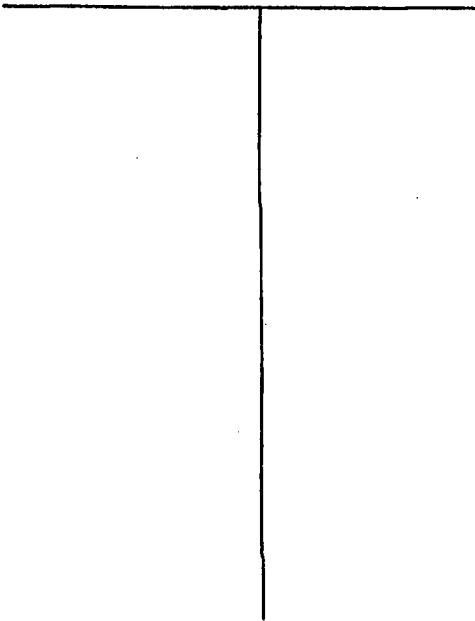
Tom Griffith & Water Wells, Inc. [Signature]
 Print Name of Pump Installer and License No. (if applicable) 0402 Signature of Pump Installer

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If well telescopes please sketch below and show depths.

M-70

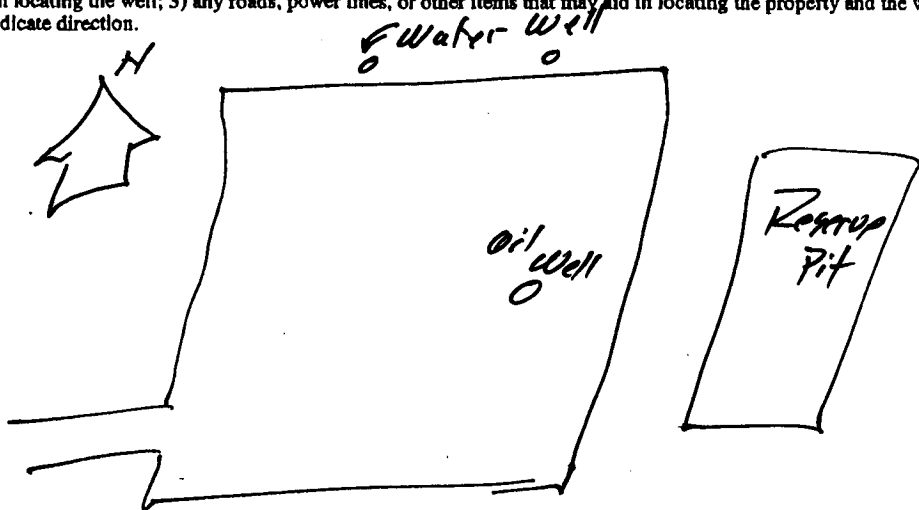
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	3
Clay	3	21
Subd & Pea Gravel	21	95
Clay	95	

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: _____

Edge Petroleum
Signature of Water Well Contractor

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