

Bounds-Walker # 2

### 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: Forrest  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 7-25-07

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: M-108  
 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>Constock Oil &amp; Gas</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7000 Hwy 84 W</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>2</u> Twn <u>1S</u> Rng <u>13W</u>
Telephone No. ( ) _____	Distance: <u>3</u> Miles Direction: <u>ESE</u> of Nearest Town: <u>Pistol Ridge</u>

**Well Data**

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

Date well drilling started: 7-25-07 Date well drilling completed: 7-25-07

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 7-25-07

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .020 inches Setting depth: From 110 feet to 130 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. Signature of Water Well Contractor

RECEIVED  
AUG 20 2007  
BY: OLWR

Signature of Water Well Contractor

oil rig location  
waterwell

Cones rd

Landowner Name: Constock Oil & Gas

Landowner Name:

May 13

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.

If more than one screen, show location of each on sketch

Description of Formations Encountered	To	From
red sand	0	40
sand	40	65
clay	65	95
sand	95	130

M-108

If well telescopes please sketch below and show depths.

Ground Level



# 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-108

Elevation: \_\_\_\_\_

County: Forrest

Permit #: \_\_\_\_\_

Driller: John W. Thompson

Date completed: 7-25-07

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>Comstock Oil &amp; Gas</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2000 Hwy 84 W</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<input type="checkbox"/> 1/4 _____ <input type="checkbox"/> 1/2 Sec <u>2</u> Twn <u>1S</u> Rng <u>13W</u>
Telephone No. ( ) _____	Distance _____ Miles Direction <u>ESE</u> or <u>Pistol Ridge</u> Nearest Town _____

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>7-25-07</u> Rated Pump Capacity: <u>35</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>110</u> feet Number of Stages: _____
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-25-07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>63</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>13</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>13</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      John W. Thompson  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

RECEIVED  
AUG 20 2007  
BY: OLWR