

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: _____
Well #: A-119
L. S. Elevation: _____
E-log #: _____

County: JONES
Permit #: _____
Driller: _____
Date drilling completed: 11/13/06

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>COMSTOCK OIL & GAS</u>	Latitude: <u>31° 47' 26"</u> Longitude: <u>89° 16' 07"</u>
Mailing Address: <u>2000 HIGHWAY 84 WEST</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>LAUREL MS 39441</u>	<u>NE 1/4 SE 1/4 Sec 35 Twn 10N Rng 13W</u>
City State Zip Code	Distance Direction Nearest Town <u>1 Miles N of 5050</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 11/11/06 Date well drilling completed: 11/13/06

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

Static Water Level: 158 feet above or below (circle one) land surface Date measured: 11/13/06

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

Hole depth: 383 Well depth: 380 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 4 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 4 inches Type of screen: P.V.C. SLOTTED

Screen slot size: .008 / .020 inches Setting depth: From 340 feet to 380 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.

THOMPSON BROTHERS DRILLING, INC.
Print Name of Water Well Contractor and License No. 0-624

J.P. Thompson
Signature of Water Well Contractor

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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: JONES
 Permit #: _____
 Driller: _____
 Date completed: 11/13/06

For Office Use Only:

Aquifer: _____
 Well #: A-119
 Elevation: _____

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 & GAS</u> Mailing Address: <u>2000 HI-WAY 84 W</u> <u>LAUREL MS, 39441</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>10N</u> Rng <u>13W</u> Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>SO SO</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal Other (specify): _____ Date Pump Installed: <u>11/13/06</u> Rated Pump Capacity: <u>35</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>220</u> feet Number of Stages: _____
<input checked="" type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input checked="" type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> 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>11/13/06</u> Static Water Level (A): <u>158</u> Feet Below Land Surface Pumping Water Level (B): <u>199</u> Feet Below Land Surface Drawdown [(B)-(A)]: <u>41</u> Feet Below Land Surface Test Pumping Rate: <u>30</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>30</u> GPM with a drawdown of <u>41</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
J.P. JONES
J.P. THOMPSON 0-624
 Print Name of Pump Installer and License No. (if applicable)

J.P. Thompson
 Signature of Pump Installer

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NOV 17 2006

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