

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-120
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: John W Thompson
Date drilling completed: 11-28-06

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>Constock oil & gas</u>	Latitude: <u>31.47.27</u> Longitude: <u>89.15.14"</u>
Mailing Address: <u>2000 Hwy 84 W</u> <u>Laurel MS 39441</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 36 Twn 10N Rng 13W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>2 Miles NE of Jaso</u>
Telephone No. () _____	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: rig supply
Date well drilling started: 11-27-06 Date well drilling completed: 11-28-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 127 feet above or below (circle one) land surface Date measured: 11-28-06
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 370 Well depth: 370 Well grouted to a depth of 20 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 330 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: .020 inches Setting depth: From 330 feet to 370 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

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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: John W Thompson
Date completed: 11-28-06

For Office Use Only:
Aquifer:
Well #: A/20
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>	Latitude: _____ Longitude: _____
Mailing Address: <u>200 Hwy 84 W</u> <u>Laurel MS 39441</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>10N</u> Rng <u>13W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>NE</u> of <u>Soso</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>11-28-06</u> Rated Pump Capacity: <u>55</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>180</u> feet Number of Stages: _____
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand Other (specify): _____
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-28-06</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>127</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>132</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>5</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
Print Name of Pump Installer and License No. (if applicable)

John W Thompson
Signature of Pump Installer

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