

State Well Report

Part 1

County: Lamar
 Permit #: _____
 Driller: Tom Griffith
 Date drilling completed: 6/14/06

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 #: D-149
 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.

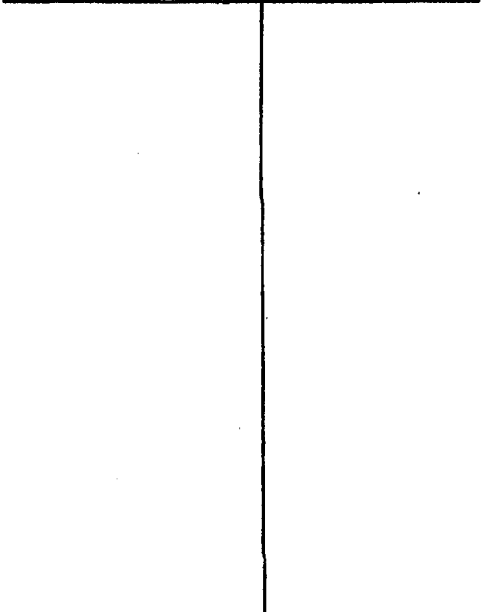
Well Owner Information	Well Location
Owner Name: <u>Edge Petroleum</u>	Latitude: <u>31° 15' 52"</u> Longitude: <u>89° 31' 26"</u>
Mailing Address: <u>1301 Travis</u> <u>Surk 2000</u> <u>Houston, TX 77002</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	USGS quad: <u>NW 1/4 SE 1/4 Sec 32 Twn 4N Rng 15W</u>
Telephone No. <u>213, 654-8960</u>	Distance: <u>10</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Hattiesburg</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Rig Supply</u>	
Date well drilling started: <u>4/2/06</u> Date well drilling completed: <u>6/14/06</u>	
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe): _____	
Static Water Level: <u>190</u> feet above or below (circle one) land surface Date measured: <u>4/2/06</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>440'</u> Well depth: <u>440'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>400</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20 x 20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>10/16.02</u> inches Setting depth: From <u>400</u> feet to <u>440</u> feet	
Types of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): <u>1</u>	
Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>NA</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.	
Print Name of Water Well Contractor and License No. <u>Tom Griffith 0-0402</u>	Signature of Water Well Contractor: <u>[Signature]</u>

2nd centr. well on this loc.
1st well 415' & 100' N. this well and
only pumped 40 gpm.

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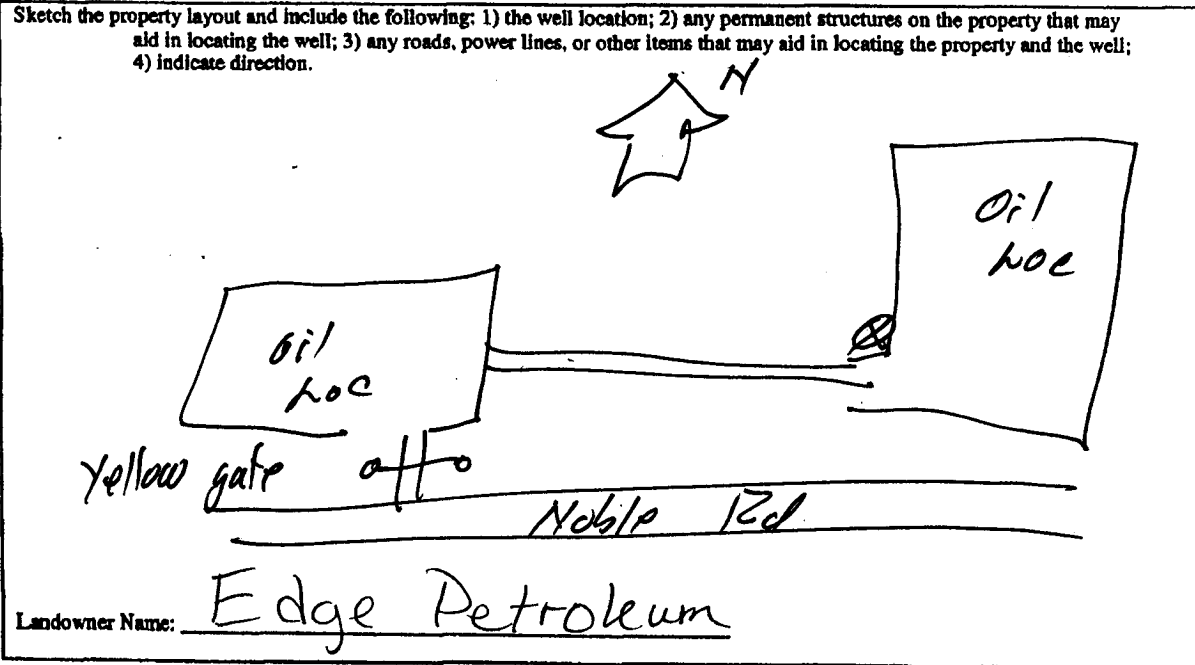
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
sandy clay	0	15
sand	15	45
clay	45	290
sand	290	315
sand	315	440

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



Chris Skiffington, Jr.
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)

County: Lamar
 Permit #: _____
 Driller: Tom Griffith water well
 Date completed: 6/14/06

For Office Use Only:

Aquifer: _____
 Well #: D-149
 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>Edge Petroleum</u> Mailing Address: <u>1301 Travis</u> <u>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>32</u> Twn <u>4N</u> Rng <u>15W</u> Distance Direction Nearest Town <u>10</u> Miles <u>SW</u> of <u>Hattiesburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> 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>3/21/06</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>7 1/2 HP</u> Setting Depth: <u>310</u> feet Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>None</u> Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>50 gpm air lift</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	<u>Air Line</u> <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>70</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 0-0402
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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