

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

County: Wilkinson  
Permit #: MS-GW-17160  
Driller: Griner Drilling Service  
Date drilling completed: 10/29/14

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: H0045  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

**State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.**

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location						
Owner Name <u>Comstock Resources</u>	Latitude: <u>31° 12' 21"</u> Longitude: <u>91° 11' 26"</u>						
Mailing Address: <u>5300 Town &amp; County Blvd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS						
<table border="0"><tr><td><u>Frisco</u></td><td><u>TX</u></td><td><u>75034</u></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td></tr></table>	<u>Frisco</u>	<u>TX</u>	<u>75034</u>	City	State	Zip Code	<u>SW 1/4 SW 1/4 Sec 26</u> Twn <u>3N</u> Rng <u>11W</u>
<u>Frisco</u>	<u>TX</u>	<u>75034</u>					
City	State	Zip Code					
Telephone No. ( ) _____	Distance _____ Miles Direction _____ of Nearest Town _____						

### Well / Borehole Data

Date drilling started: \_\_\_\_\_ Date drilling completed: \_\_\_\_\_ Hole depth: 1500' Hole diameter: 17-1/2"

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run  Electric  Gamma Ray \_\_\_\_\_ Density \_\_\_\_\_ Sonic \_\_\_\_\_ Neutron \_\_\_\_\_ Other: \_\_\_\_\_

Name of organization running log(s): Griner Drilling Service

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

***If drilling is not related to water well construction, skip the remainder of this block***

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: Fracturing

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

Static Water Level: 180.93' feet above or below (circle one) land surface Date measured: 10/14/2014

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

Well depth: 1230.00' Well grouted to a depth of 1070 feet Type of grout (circle one): Neat Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 1070' feet Casing diameter: 12-3/4" inches Type of casing: .375 Wall A 53 B

Screen length: 140.00' feet Screen diameter: 6"X8" inches Type of screen: Pre Pack (Johnson Muni)

Screen slot size: .020 inches Setting depth: From 1080 feet to 1220 feet

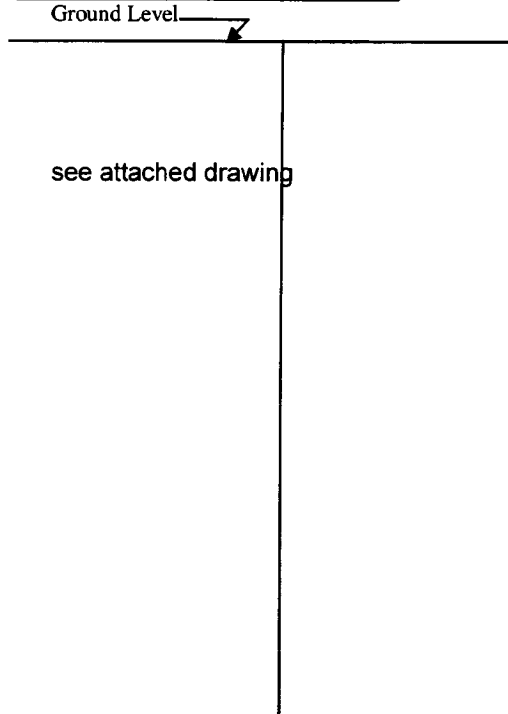
Type of completion (circle all applicable):  Gravel packed \_\_\_\_\_ Underreamed \_\_\_\_\_ Telescoped \_\_\_\_\_ Open hole \_\_\_\_\_ Natural Development \_\_\_\_\_

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 980 feet ***If telescoped or more than one screen, describe on next page***

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay / Sand	Ground Level	61'
Sand	61'	92'
Sand / Clay	92'	184'
Gravel / Sand	184'	248'
Sand	248'	278'
Sand / Gravel	278'	405'
Clay / Sand	405'	436'
Sand	436'	467'
Sand / Clay	467'	654'
Clay	654'	745'
Sand / Clay	745'	809'
Sand	809'	872'
Sand / Clay	872'	964'
Sand	964'	1059'
Sand / Clay	1059'	1122'
Sand	1123'	1216'
Sand / Clay	1216'	1468'
Clay	1468'	1503'

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) a north arrow.

see attached photo

Landowner Name: \_\_\_\_\_

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Charles H. Griner Sr.                      0-184                      01/12/14

*Charles H. Griner Sr.*  
Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

County: Wilkinson  
 Permit #: MS-GW-17160  
 Driller: Griner Drilling Service  
 Date completed: 10/29/14  
**Copy information from block on Part 1**

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H0045  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Comstock Resources</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5300 Town &amp; County Blvd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Frisco TX 75034</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>City State Zip Code</u>	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Griner Rent Motor and Generator <input type="checkbox"/>
Other (specify): _____	Windmill <input type="checkbox"/> Other (specify): _____
Date Pump Installed: <u>10-28/29-2014</u>	Horse Power Rating of Motor: <u>100</u>
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Setting Depth: <u>260.00'</u> feet
	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>10/14/2014</u>	Circle one
Static Water Level (A): <u>180.93'</u> Feet Below Land Surface	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): <u>215.95'</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>35.02'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>1225</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____
Duration of Pump Test (minimum 4 hours): <u>25.97</u> hours	_____ feet after _____ hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Charles H. Griner Sr. 0-184 Charles H. Griner  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

HCC45

COMSTOCK OIL AND GAS FOSTER CREEK 26 FWW

09 16 2014

