

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 108491
Permit No. _____
Basin 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 60941

1. OWNER Tronox LLC
MAILING ADDRESS PO Box 268859
Oklahoma City, OK 73126-8859
2. LOCATION NW 1/4 NW 1/4 Sec 12 T 22 N R 62 E
PERMIT/WAIVER No. 17812101003
Issued by Water Resources Parcel No.

ADDRESS AT WELL LOCATION East of Eastgate Rd & South of Warm Springs Rd
Subdivision Name: _____ County: CLARK
Latitude 36 03 16" UTM E NAD 27
Longitude 115 00 38" N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Rotasonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Silty Sand		0	30	30
Silty Sand w Gravel	X	30	47	17
Silty Clay	X	47	52	5
Clayey Silt	X	52	60	8
Silty Clay	X	60	65	5
Clayey Silt	X	65	93	28
Silty Clay	X	93	150	57

9. WELL CONSTRUCTION
Depth Drilled 150 Feet Depth Cased 86 Feet
HOLE DIAMETER (BIT SIZE)
From To
11 Inches 0 Feet 50 Feet
6 Inches 30 Feet 150 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>18.99</u>	<u>.280</u>	<u>0</u>	<u>50</u>
<u>2.375</u>	<u>1.69</u>	<u>.154</u>	<u>0</u>	<u>73</u>
<u>2.375</u>	<u>.69</u>	<u>.154</u>	<u>83</u>	<u>86</u>

Perforations:
Type of perforation Factory Slot
Size of perforation 1.010
From 73 feet to 83 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 0 to 3 Pumped Poured
 ≥30% Bentonite Grout 3 to 67 Pumped Poured
Gravel Pack: Yes No 70 to 84 Pumped Poured
Type: 10-20 Sand
Bentonite Chips: Yes No 84 to 150 Pumped Poured
Type: 1/4 Pellets 67 70

Date started: 5-13 20 09
Date completed: 6-15 20 09

7. Water Level
Static water level: 27 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. Draw Down (Feet Below Static) Time (Hours)
DCNR/DWR RECEIVED
JUL 13 2009

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Boart Longyear Co
Address 7773 W Seldon Ln Peoria, AZ 85345
Nevada contractor's license number 0010157
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2147
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 7-8-09

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

LAS VEGAS OFFICE