

M-154

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

OFFICE USE ONLY
Log No. 109145
Permit No. _____
Basin _____

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. 32376

1. OWNER Tronox LLC
MAILING ADDRESS PO Box 268859
Oklahoma City, OK 73126-8859

ADDRESS AT WELL LOCATION South of Warm Springs & West of Boulder Hwy
Subdivision Name: _____
County: CLARK

2. LOCATION NW 1/4 SE 1/4 Sec 12 T 22 N R 62 E
PERMIT/WAIVER No. 178 12 701 001
Issued by Water Resources _____ Parcel No. _____

Latitude 36 02 52.30 UTM E NAD 27
Longitude 115 00 06.50 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 Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand with Gravel		0	28	28
Silty Sand		28	120	92
Clay		120	133	13
Silty Sand		133	143	10
Silt		143	165	22
Silty Sand		165	184	19
Sandy Silt		184	195	11

9. WELL CONSTRUCTION
Depth Drilled 195 Feet Depth Cased 195 Feet
HOLE DIAMETER (BIT SIZE)
From 6 Inches To 0 Feet 195 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>	<u>.69</u>	<u>.154</u>	<u>± 3</u>	<u>175</u>

Perforations:
Type of perforation Factory Slot
Size of perforation .020
From _____ feet to _____ feet
From 175 feet to 195 feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 3 Pumped Poured
 ≥30% Bentonite Grout 3 to 166 Pumped Poured
Gravel Pack: Yes No 171 to 195 Pumped Poured
Type: 10-20 Sand
Bentonite Chips: Yes No 166 to 171 Pumped Poured
Type: 3/8 Chips

Date started: 9-30 20 09
Date completed: 10-9 20 09

7. Water Level
Static water level: 18 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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 Company
Address 7773 W Seldon Ln
Peoria, Az 85345
Nevada contractor's license number _____
issued by the State Contractor's Board 0010157
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 10-21-09