

M-152

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

OFFICE USE ONLY
Log No. 109149
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

1. OWNER Tronox LLC ADDRESS AT WELL LOCATION North of Warm Springs & West of Boulder Hwy
MAILING ADDRESS PO Box 268859 Subdivision Name: _____ County: Clark
NOTICE OF INTENT NO. 32373

2. LOCATION NE 1/4 NW 1/4 Sec 12 T 22 N R 62 E Latitude 36 03 23.44 UTM E NAD 27
PERMIT/WAIVER No. 178 12 110 004 Longitude 115 00 19.23 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Municipal/Industrial Monitor Stock Air Other Sonic
5. WELL TYPE Cable Rotary RVC Other Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Gravel		0	4	4
Sand & Gravel		4	20	16
Silt & Sandy Silt	X	20	92	72
Clay		92	117	25
Silty Sand	X	117	135	18
Clay		135	143	8
Silty Clay		143	145	2

9. WELL CONSTRUCTION

Depth Drilled 145 Feet Depth Cased 145 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>6</u>	<u>0</u>	<u>145</u>	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>	<u>.69</u>	<u>1.57</u>	<u>+3</u>	<u>125</u>

Perforations:
Type of perforation Factory Slot
Size of perforation .020

From _____ feet to _____ feet
From 125 feet to 145 feet
From _____ feet to _____ 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 117 Pumped Poured

Gravel Pack: Yes No 121 to 145 Pumped Poured
Type: 10-20 Sand
Bentonite Chips: Yes No 117 to 121 Pumped Poured
Type: 3/8 Chips

Date started: 9-23, 20 09
Date completed: 10-5, 20 09

7. Water Level
Static water level: 23 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"/> Bailer <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 Contractor
Address 7773 W Seldon Ln Contractor
Peoria, Ar 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 Sh Li
By driller performing actual drilling on-site or contractor
Date 10-19-09