

M-156

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

OFFICE USE ONLY
Log No. 109150
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. 32373

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

ADDRESS AT WELL LOCATION North of Warm Springs ?
West of Boulder Hwy
Subdivision Name: _____ County: Clark

2. LOCATION NE 1/4 NW 1/4 Sec 12 T 22 NR 62 E
PERMIT/WAIVER No. 178.12.110.004

Latitude 36 03 23 UTM E NAD 27
Longitude 115 00 19 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	Thickness
Gravel		0	4	4
Sand with Gravel		4	20	16
Silt & Sandy Silt	X	20	92	72
Clay		92	117	25
Sand with Silt	X	117	135	18
Clay		135	143	8
Clayey Silt		143	172	4
Sandy Silt	X	172	165	18
Sand	X	165	170	5
Silty Sand	X	170	195	25

9. WELL CONSTRUCTION
Depth Drilled 195 Feet Depth Cased 195 Feet

HOLE DIAMETER (BIT SIZE)
From 6 Inches To 1.95 Feet
Inches _____ Feet _____
Inches _____ 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 1.020
From _____ feet to _____ feet
From 175 feet to 195 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 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: 10-1 20 09
Date completed: 10-9 20 09

7. Water Level
Static water level: 19 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 10-19-09