

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

OFFICE USE ONLY
Log No. **111834**
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. **35384**

1. OWNER **Tronox LLC c/o Tax Department** ADDRESS AT WELL LOCATION **8000 E. Lake Mead Parkway**
MAILING ADDRESS **P.O. Box 268859** **M-187** **Henderson, NV 89015**
Oklahoma City, OK 73126 Subdivision Name: _____ County: **Clark**

2. LOCATION **SE 1/4 SW 1/4 Sec 12 T 22 N 36 R 62 E** Latitude **36.0238.64N** UTM E NAD 27
PERMIT/WAIVER No. **178-12-401-005** Longitude **115.0015.26W** 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

5. WELL TYPE
 Cable Rotary RVC
 Air Other Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown Sand Gravelly & Clay Fill		0	10	10
Gravel Sandy & Silty		10	17	7
Sand Silty gravelly		17	36	19
Silt and Sandy Silt		36	133	97
Clay Silty		133	139	6
Silt		139	155	16
Silt Sandy		155	162	7
Silt		162	170	8

9. WELL CONSTRUCTION

Depth Drilled **170** Feet Depth Cased **170** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 Inches	0 Feet 170 Feet
Inches	Feet
Inches	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.250	.64	.125	0	170

Perforations:

Type of perforation **Factory Slotted**

Size of perforation **.010**

From **160** feet to **170** feet

From _____ feet to _____ feet

From _____ feet to _____ feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement **0** to **155** Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No **158** to **170** Pumped Poured

Type: **10/20 Silica**

Bentonite Chips: Yes No **96** to **98** Pumped Poured

Type: **1/2 Pellets**

Date started: **15-Jun**, 20 **10**

Date completed: **15-Jun**, 20 **10**

7. Water Level **33.3** feet below land surface

Static water level: _____ feet below land surface

Artesian Flow: **N/A** G.P.M. **N/A** P.S.I.

Water Temperature: **N/A** °F

Quality: **Good**

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
NA		

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **WDC Exploration & Wells**
Contractor

Address **570 Corinthian Way, N. Las Vegas, NV 89030**
Contractor

Nevada contractor's license number issued by the State Contractor's Board **0012852**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2371**

Signed _____
By driller performing actual drilling on site or contractor

Date **6/17/2010**