

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

OFFICE USE ONLY
Log No. **111835**
Permit No. **212**
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. **35376**

1. OWNER **Tronox LLC c/o Tax Department** ADDRESS AT WELL LOCATION **8000 E. Lake Mead Parkway**
MAILING ADDRESS **P.O. Box 268859** **M-171** **Henderson, NV 89015**
Oklahoma City, OK 73126 Subdivision Name: _____ County: **Clark**

2. LOCATION **NE 1/4 SW 1/4 Sec 12 T 22 N34R 62 E** Latitude **36.025575N** UTM E NAD 27
PERMIT/WAIVER No. **178-12-301-003** Longitude **115.0011.09W** 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	Thickness
Sand Gravelly Silty		0	23	23
Sand Silty		23	24	1
Silty Sandy Gravelly	27	24	26	2
Silty Sandy		26	42	16
Silt		42	45	3

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
45		45		
HOLE DIAMETER (BIT SIZE)				
	From	To		
8	Inches	0	Feet	45
	Inches		Feet	
	Inches		Feet	
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	2.9	.250	0	45

Perforations:
Type of perforation **Factory Slotted**
Size of perforation **.010**
From **25** feet to **45** feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement **0** to **20** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No **23** to **45** Pumped Poured
Type: **10/20 Silica**

Bentonite Chips: Yes No **26** to **23** Pumped Poured
Type: **3/8 chips**

Date started: **7-Jun**, 20 **10**
Date completed: **7-Jun**, 20 **10**

7. **Water Level**
Static water level: **23.5** 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
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**