

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

OFFICE USE ONLY
Log No. **111840**
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. **35380**

1. OWNER **Tronox LLC c/o Tax Department**
MAILING ADDRESS **P.O. Box 268859**
Oklahoma City, OK 73126

ADDRESS AT WELL LOCATION **8000 E. Lake Mead Parkway**
M-165
Henderson, NV 89015
Subdivision Name: _____ County: **Clark**

2. LOCATION **NW 1/4 SE 1/4 Sec 12 T 22. N30R 62 E**
PERMIT/WAIVER No. **178-12-701-001**
Issued by Water Resources Parcel No. _____

Latitude **36.0257.07N** UTM E NAD 27
Longitude **114.5958.60W** 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
Brown Sandy Gravely Silty		0	20	20
Gravelly Sandy Silty		20	22	2
Silt sandy Silt & Clayey Silt		22	120	98
DDND/DWR RECEIVED JUN 29 2010 LAS VEGAS OFFICE				

9. WELL CONSTRUCTION				
Depth Drilled	120	Feet	Depth Cased	120
HOLE DIAMETER (BIT SIZE)				
	From	To		
6	Inches 0	Feet 120		Feet
	Inches	Feet		Feet
	Inches	Feet		Feet
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.250	.64	.125	0	120

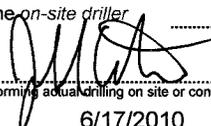
Perforations:
Type of perforation **Factory Slotted**
Size of perforation **.010**
From **110** feet to **120** feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement **0** to **106** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No **108** to **120** Pumped Poured
Type: **10/20 Silica**
Bentonite Chips: Yes No **106** to **108** Pumped Poured
Type: **1/4 Pellets**

Date started: **18-May**, 20 **10**
Date completed: **19-May**, 20 **10**

7. Water Level
Static water level: **20.5** 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**