

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

OFFICE USE ONLY
Log No. **111846**
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** ADDRESS AT WELL LOCATION **8000 E. Lake Mead Parkway**
MAILING ADDRESS **P.O. Box 268859** **M-182** **Henderson, NV 89015**
Oklahoma City, OK 73126 Subdivision Name: _____ County: **Clark**

2. LOCATION **NW ¼ SE ¼ Sec 12 T 22 N 62 E** Latitude **36.025218 N** UTM E NAD 27
PERMIT/WAIVER No. **178-12-701-001** Longitude **114° 59' 57.37W** 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 Monitor Stock
 Municipal/Industrial

5. WELL TYPE
 Cable Rotary RVC
 Air Other Sonic

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thickness
Sand Silty Gravelly		0	13	13
Sand Silty		13	32	19
Silt	<i>WL</i>	32	52	20
Silt Sandy		52	62	10
Sandy Silty		62	72	10
Silt		72	81	9
Sand Silty		81	86	5
Silt		86	90	4

9. WELL CONSTRUCTION				
Depth Drilled	90	Feet	Depth Cased	90
HOLE DIAMETER (BIT SIZE)				
	From	To		
8	Inches	0	Feet	90
	Inches		Feet	
	Inches		Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.25	.64	.125	0	90

Perforations:
Type of perforation **Factory Slotted**
Size of perforation **.010**
From **80** feet to **90** feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement **0** to **75** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No **78** to **90** Pumped Poured
Type: **10/20 Silica**
Bentonite Chips: Yes No **75** to **78** Pumped Poured
Type: **1/4 Pellet**

Date started: **4-Jun**, 20 **10**
Date completed: **4-Jun**, 20 **10**

7. Water Level
Static water level: **30.5** 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 _____
Date **6/17/2010**

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

LAS VEGAS OFFICE