

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
 Log No. 98870
 Permit No. _____
 Basin. 212

NOTICE OF INTENT NO. 20675

1. OWNER TITANIUM METALS CORP. ADDRESS AT WELL LOCATION SAME
 MAILING ADDRESS 2000 W LAKE MEAD BLVD. HENDERSON NV 89052
 2. LOCATION NE 1/4 SE 1/4 Sec 12 T. 22S N/S R. 62 E CLARK County
 PERMIT NO. 178-12-701-002 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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
<u>Light Black Silty Sand</u>		<u>0</u>	<u>1</u>	<u>1</u>
<u>Brown Silty Sand</u>		<u>1</u>	<u>19</u>	<u>18</u>
<u>Brown Silty Sand Calcifs</u>		<u>19</u>	<u>20</u>	<u>1</u>
<u>Brown Silty Sand</u>		<u>20</u>	<u>32</u>	<u>12</u>
<u>Brown Silty Clay</u>	<u>33</u>	<u>32</u>	<u>35</u>	<u>3</u>
<u>Brown Silty Sand</u>		<u>35</u>	<u>41</u>	<u>6</u>
<u>Brown Sand</u>		<u>41</u>	<u>44</u>	<u>3</u>
<u>Brown Silty Clay</u>		<u>44</u>	<u>48</u>	<u>4</u>
<u>Brown Clayey Silt</u>		<u>48</u>	<u>57</u>	<u>9</u>

8. WELL CONSTRUCTION
 Depth Drilled 57 Feet Depth Cased 46 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 57
8.5 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>.237</u>	<u>0</u>	<u>24</u>

Perforations:
 Type perforation MACHINE CUT
 Size perforation 0.020
 From 24 feet to 46 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 24 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 24 feet to 46 feet

9. WATER LEVEL
 Static water level 34.07 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality _____

Date started 12/8 2005
 Date completed 12/8 2005

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
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 PROSONIC CORP Contractor
 Address 419 E JUANITA AVE MESA AZ 85204 Contractor
 Nevada contractor's license number _____ issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 3/17/06