

M-139

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

OFFICE USE ONLY
Log No. 109485
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

1. OWNER Trox LLC
MAILING ADDRESS PO BOX 268359
OKlahoma City, OK 73126-8359

NOTICE OF INTENT NO. 34496
ADDRESS AT WELL LOCATION North of Lake Mead PKWY & East of 4th Street.
Subdivision Name: _____ County: Clark

2. LOCATION NW 1/4 NE 1/4 Sec 13 T 22 N R 62 E
PERMIT/WAIVER No. 178 13501 001
Issued by Water Resources Parcel No. _____

Latitude 36 02.479 UTM E NAD 27
Longitude 114 59.163 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
 Other Sonic

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
<u>Sand with silt</u>		<u>0</u>	<u>17</u>	<u>17</u>
<u>Sand with Gravel</u>		<u>17</u>	<u>28</u>	<u>11</u>
<u>Silty Sand</u>	<u>X</u>	<u>28</u>	<u>40</u>	<u>12</u>
<u>Sandy Silt</u>	<u>X</u>	<u>40</u>	<u>55</u>	<u>15</u>
<u>Clayey Silt</u>		<u>55</u>	<u>60</u>	<u>5</u>

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
<u>60</u>		<u>60</u>		

HOLE DIAMETER (BIT SIZE)				
	From	To		
<u>6</u> Inches	<u>0</u>	<u>60</u>	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>2.375</u>	<u>69</u>	<u>.154</u>	<u>+3</u>	<u>45</u>

Perforations:
Type of perforation Factory Slot
Size of perforation .020
From 45 feet to 60 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 0 to 3 Pumped Poured
 30% Bentonite Grout 3 to 36 Pumped Poured
Gravel Pack: Yes No 40 to 60 Pumped Poured
Type: 10-20
Bentonite Chips: Yes No 36 to 40 Pumped Poured
Type: 3/8 Chips

Date started: 8-28, 20 09
Date completed: 8-28, 20 09

7. Water Level
Static water level: 24 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

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			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Boart Longyear Co Contractor
Address 7773 W Seldon Ln Contractor
Peoria, Az 85345
Nevada contractor's license number issued by the State Contractor's Board 0010157
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2147
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 9-2-09