

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

OFFICE USE ONLY
Log No. 110904
Permit No. _____
Basin _____

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. 32379

1. OWNER Tronax LLC ADDRESS AT WELL LOCATION East of 4th Street
MAILING ADDRESS PO Box 268859 8 South of Warm Springs Rd.
Oklahoma City, OK 73126-8859 Subdivision Name: _____ County: Clark

2. LOCATION NW 1/4 SE 1/4 Sec 12 T 22 N R 6 E Latitude 36 02 55.82 UTM E NAD 27
PERMIT/WAIVER No. 1178-12-201-001 Longitude 115 00 02.75 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 Stock
 Municipal/Industrial Monitor

5. WELL TYPE
 Cable Rotary RVC
 Air Other Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sandy Gravel</u>		<u>0</u>	<u>11</u>	<u>11</u>
<u>Gravelly Sand</u>		<u>11</u>	<u>18</u>	<u>7</u>
<u>Sandy Silt</u>		<u>18</u>	<u>22</u>	<u>4</u>
<u>Gravelly Sand</u>	<input checked="" type="checkbox"/>	<u>22</u>	<u>24.5</u>	<u>2.5</u>
<u>Silt</u>		<u>24.5</u>	<u>30</u>	<u>5.5</u>

9. WELL CONSTRUCTION

Depth Drilled 30 Feet Depth Cased 28 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>6</u>	<u>0</u>	<u>30</u>		

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>0</u>	<u>18</u>

Perforations:

Type of perforation Factory Slot

Size of perforation .010

From 18 feet to 28 feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout to _____ Pumped Poured

Concrete Grout 0 to 2 Pumped Poured

≥30% Bentonite Grout 2 to 10 Pumped Poured

Gravel Pack: Yes No 13 to 30 Pumped Poured

Type: 10-20

Bentonite Chips: Yes No 10 to 13 Pumped Poured

Type: 3/8 Chips

Date started: 4-22 20 10

Date completed: 4-22 20 10

7. Water Level

Static water level: 22 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <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 Boart Longyear Company 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 Alan C. By driller performing actual drilling on site or contractor

Date 5-6-10