

COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY  
 Log No. **102274**  
 Permit No. **212**  
 Basin **212**

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **30791**

1. OWNER **KRYSTLE TOWERS LLC** ADDRESS AT WELL LOCATION **2845 S LAS VEGAS BLVD**  
 MAILING ADDRESS **2827 PARADISE RD** **LAS VEGAS, NV 89109**

2. LOCATION **SE 1/4 NE 1/4 Sec 09 T 21 S R 61 E** **CLARK** County

PERMIT NO. **DW1234** **162-09-704-001** **Fontainebleau**  
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other

4. PROPOSED USE (**DEWATER**)  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>6- Dewater wells</b>				
<b>Depth 50'</b>				
Brown dirt & rock		0	14'	14'
Moist dirt & rock	x	14'	17'	3'
White silty clay		17'	19'	2'
Brown silty clay		19'	32'	13'
Caliche		32'	34'	2'
Brown clay		34'	42'	8'
Caliche		42'	43'	1'
Tan clay & silt		43'	50'	7'

8. WELL CONSTRUCTION

Depth Drilled **50** Feet Depth Cased **50** Feet

HOLE DIAMETER (BIT SIZE)  
 From **24** Inches To **0** Feet **50** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:  
 Type perforation **Machine**  
 Size perforation **1/4"x2.5" long 16 around**  
 From **30** feet to **50** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal \_\_\_\_\_  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **0** feet to **50** feet

9. WATER LEVEL

Static water level **15** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **ALLEN DRILLING INC.**  
(CONTRACTOR)  
 Address **4015 WEST TOMPKINS AVE**  
(CONTRACTOR)  
**LAS VEGAS, NV 89103**  
 Nevada contractor's license number issued by the State Contractor's Board **18916 & 18917**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **ABDS2161**  
 Signed *[Signature]*  
 By driller performing actual drilling on site or contractor  
 Date **January 18, 2007**

Date started **12/14, 20 06**  
 Date completed **1/3, 20 07**

7. WELL TEST DATE

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)