

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. 103233
 Permit No. _____
 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. 31349

1. OWNER FONTAINEBLEAU LAS VEAS LLC ADDRESS AT WELL LOCATION 2755 S LAS VEGA 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 162-09-602-002 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
<u>Plug 7 -Dewater wells</u>				
<u>Depth 40'</u>				
<u>Casing 14"</u>				
<u>Static water level 15'</u>				
<u>Casing cut down to 20'</u>				
<u>remaining casing pulled</u>				
<u>and filled with 1 yard of</u>				
<u>9 sack grout to surface of</u>				
<u>each well.</u>				
<u>WGS84</u>				
<u>N36 08. 182'</u>				
<u>W115 09. 555'</u>				

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 0 Feet 40 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14"</u>				

Perforations:
 Type perforation Machine
 Size perforation 1/4"x2.5" long 16 around
 From 20 feet to 40 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 _____ feet to _____ feet 40 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 MPDEW2343
 Signed Samuel Wiley
 By driller performing actual drilling on site or contractor
 Date August 23, 2007

Date started 8/8, 20 07
 Date completed 8/21, 20 07

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

DONOR/DWR
 RECEIVED
 AUG 29 2007
 LAS VEGAS OFFICE