

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

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY  
 Log No. 104774  
 Permit No. \_\_\_\_\_  
 Basin 212

PRINT OR TYPE ONLY

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. **31385**

1. OWNER **EL AD IDB LAS VEGAS LLC**  
 MAILING ADDRESS **575 MADISON AVE 22<sup>ND</sup> FLOOR**  
**NEW YORK NY 10022**  
 ADDRESS AT WELL LOCATION **3120 S LAS VEGAS BLVD.**  
**LAS VEGAS, NV**

2. LOCATION **NW 1/4 NW 1/4 Sec 16 T 21 S R 61 E** **CLARK** County  
 PERMIT NO. **DW1261** **162-16-101-009**  
 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	Thickness
<b>2 Dewatering well</b>				
Brown dirt & rock		0	12'	12'
Caliche		12'	16'	4'
Red silty clay		16'	25'	9'
Caliche		25'	35'	10'
Gray sandy clay & rock	x	35'	42'	7'
Caliche		42'	50'	8'
Red clay		50'	60'	10'

8. WELL CONSTRUCTION

Depth Drilled **60** Feet Depth Cased **60** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
**24** Inches **0** Feet **60** 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 **60** 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 **60** feet

9. WATER LEVEL

Static water level **18** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

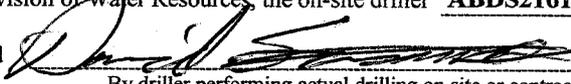
10. DRILLER'S CERTIFICATION

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**  
**LAS VEGAS, NV 89103**  
 (CONTRACTOR)

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   
 By driller performing actual drilling on site or contractor  
 Date **1/21/08**

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)	

DCNR/DWR  
 RECEIVED  
 JAN 25 2008  
 LAS VEGAS OFFICE