

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. 166312
 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. **33329**

1. OWNER **ECHOLON RESORTS LLC**
 MAILING ADDRESS **6465 S RAINBOW LAS VEGAS, NV 89118**
 ADDRESS AT WELL LOCATION **3000 S LAS VEGAS BLVD. LAS VEGAS, NV**

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

PERMIT NO. **DW1247** **162-09-311-003** **ECHOLON**
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other
 4. PROPOSED USE sewage
 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
Plug 4-Dewatering well				
#29, #30, #55 & #88				
Extract casings and pulled pumps				
Filled with 2 yards of 9 sack cement slurry to surface of each well.				
WGS84				
N36 07 948'				
W115 10 203'				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ 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 _____
 Size perforation _____
 From _____ feet to _____ 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

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 6/11, 20 08
 Date completed 6/12, 20 08

7. WELL TEST DATE

TEST METHOD: **DC/B/L/W** Pump Air Lift
 Draw Down
 Below Static

G.P.M. _____ Time (Hours) _____

JUL 31 2008

LAS VEGAS OFFICE

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 Timothy Wiley
 By driller performing actual drilling on site or contractor
 Date **June 11, 2008**