

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

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

OFFICE USE ONLY  
 Log No. 106392  
 Permit No. \_\_\_\_\_  
 Basin 212  
 NOTICE OF INTENT NO. 33946

PRINT OR TYPE ONLY

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

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

2. LOCATION NW  $\frac{1}{4}$  SW  $\frac{1}{4}$  Sec 09 T 21 S R 61 E CLARK County  
 PERMIT NO. DW1247 162-09-311-003 ECHELON  
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
Plug 2-Dewatering well				
#2 & #3 (MCA well) Casings backfilled and compacted-abandon in place. Filled with 2.5 yards of 9 sack cement slurry to surface of each well.				
WGS84 N36 07 948' W115 10 203'				
<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>DCNR/DWR RECEIVED</b></p> <p>AUG 15 2008</p> <p><b>LAS VEGAS OFFICE</b></p> </div>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ 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
From _____	feet to _____	feet
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 7/17, 20 08  
 Date completed 7/24, 20 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)	

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 Jim O'Leary  
 By driller performing actual drilling on site or contractor  
 Date August 12, 2008