

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. **106394**
 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. **33946**

1. OWNER **ECHELON 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** **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				
#38 & #72				
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)

Inches	From	Feet	To	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

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 _____

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 **MPDEW2343**

Signed *Allen Drilling*
 By driller performing actual drilling on site or contractor

Date **August 12, 2008**

7. WELL TEST DATE

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

DNRR/DWR RECEIVED
 AUG 15 2008
LAS VEGAS OFFICE

Date started **7/16, 20 08**
 Date completed **7/16, 20 08**