

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. 107179  
 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. 33309

1. OWNER **FONTAINEBLEAU LAS VEGAS LLC** ADDRESS AT WELL LOCATION **2755 S LAS VEGAS 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
<b>Plug 3 -Dewater wells</b>				
<b>Depth 40'</b>				
<b>Casing 14"</b>				
<b>Could not pull casings plugged casings in place with 2.0 yards of 9 sack 4000 grout each to surface.</b>				
<b>WGS84</b>				
<b>N36 08 182'</b>				
<b>W115 09 555'</b>				

8. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

From		To	
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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

**DCNR/DWR RECEIVED**  
 AUG 13 2008  
**LAS VEGAS OFFICE**

Date started 8/5, 20 08  
 Date completed 8/5, 20 08

7. WELL TEST DATE

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

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 Kelly*  
 By driller performing actual drilling on site or contractor

Date **August 8, 2008**