

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. 107180
 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**
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
Plug 3 -Dewater wells				
Depth 40'				
Casing 14"				
Could not pull casings plugged casings in place with 2.0 yards of 9 sack 4000 grout each to surface.				
WGS84				
N36 08 182'				
W115 09 555'				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet	Feet
From _____	To _____		
_____	_____	_____	_____
_____	_____	_____	_____

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 _____	_____	_____

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

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**
(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**