

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. 115098
 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. **36013**

1. OWNER **ICAHN NV GAMING ACQUISITION LLC** ADDRESS AT WELL LOCATION **2777 S. LAS VEGAS BLVD.**
 MAILING ADDRESS **142 W 57TH STREET 5TH FLOOR** **LAS VEGAS, NV**
NEW YORK NY 10019

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

PERMIT NO. **162-09-617-001** **Fontainebleau**
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 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 1 -Dewater well #25				
Depth 40'				
Cut casing down, leaving 13' of casing. No access Used forklift and cement bucket to place approx. 3/4 yards of 198-6 concrete mix design 9 sack cement grout to surface.				
No GPS signal available due to interference.				
DCNR/DWR RECEIVED				
APR 06 2012				
LAS VEGAS OFFICE				

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

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

Date started **3/16, 20 12**
 Date completed **3/16, 20 12**

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 **1376**

Signed *[Signature]*
 By driller performing actual drilling on site or contractor

Date **April 3, 2012**