

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. 115103
 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 Issued by Water Resources Parcel No. _____ Subdivision Name Fontainebleau

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 #30				
Depth 45'				
Could not pull casing, excavated down to 25', cut off casing and placed 1-1/4 yards of 198-6 concrete mix design. 9 sack cement grout to surface.				
WGS84				
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)

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

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 3/14, 20 12

Date completed 3/14, 20 12

7. WELL TEST DATE

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<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 1376

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

Date April 3, 2012