

OFFICE USE ONLY
 Log No. 43468
 Permit No. 56635
 Basin 212

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 1-1534

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Mirage Hotel/Steve Wynn ADDRESS AT WELL LOCATION Mirage Hotel
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 NE 1/4 Sec 17 T. 21 N/S R. 61 E Clark County
 PERMIT NO. 56635 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
<u>brown silty clay & gravel</u>		<u>0</u>	<u>9</u>	<u>9</u>
<u>calichi</u>		<u>9</u>	<u>11</u>	<u>2</u>
<u>brown clay & gravel</u>	<u>X</u>	<u>11</u>	<u>17</u>	<u>6</u>
<u>hard white clay</u>		<u>17</u>	<u>32</u>	<u>15</u>
<u>sand & gravel</u>	<u>X</u>	<u>32</u>	<u>44</u>	<u>12</u>
<u>cemented congl.</u>		<u>44</u>	<u>47</u>	<u>3</u>
<u>brown clay & gravel</u>		<u>47</u>	<u>55</u>	<u>8</u>
<u>gravel</u>	<u>X</u>	<u>55</u>	<u>60</u>	<u>5</u>

8. WELL CONSTRUCTION
 Depth Drilled 60 Feet Depth Cased 60 Feet
 HOLE DIAMETER (BIT SIZE)
 From 18 Inches 0 Feet 60 Feet
 To _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>		<u>.188</u>	<u>+1</u>	<u>60</u>

Perforations: micro screen
 Type perforation _____
 Size perforation _____
 From 12 feet to 17 feet
 From 34 feet to 44 feet
 From 55 feet to 60 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 3 to 5
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From 5 feet to 60 feet

9. WATER LEVEL
 Static water level 11 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.
 Address 4847 So. Valley View Blvd. LAS VEGAS, NEVADA 89103

Nevada contractor's license number issued by the State Contractor's Board 0018917
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1661
 Signed Donald L. Ladd
 By driller performing actual drilling on site or contractor
 Date 10/26/93

Date started 8/4, 1993
 Date completed 8/4, 1993

7. WELL TEST DATA

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

RECEIVED
 NOV 04 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV





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