

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

16491
 NOTICE OF INTENT NO. SANDS-VENETIAN PROJECT

1. OWNER LAS VEGAS SANDS, INC. ADDRESS AT WELL LOCATION WELL #29
 MAILING ADDRESS 3355 SO. LAS VEGAS, BLVD
LAS VEGAS, NV 89109
 2. LOCATION W $\frac{1}{4}$ 1/2 $\frac{1}{4}$ Sec. 16 T. 21 N. SR R. 61 E. CLARK County
 PERMIT NO. DW-1065 160-16-301-001-001 DEWATERING WELLS
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other DEWATER
 4. PROPOSED USE
 Domestic Irrigation Test Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC Air Other Auger

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|-----------|--------------|------|----|-----------|
| SAND ROCK | | 0 | 5 | 5 |
| CALICHIE | | 5 | 6 | 1 |
| SAND ROCK | X | 6 | 10 | 6 |
| CALICHIE | | 10 | 12 | 2 |
| SAND ROCK | XX | 12 | 13 | 1 |
| CALICHIE | | 13 | 14 | 1 |
| SAND ROCK | | 14 | 15 | 1 |
| CALICHIE | | 15 | 18 | 3 |
| SAND ROCK | | 18 | 27 | 9 |
| CALICHIE | | 27 | 28 | 1 |
| CLAY | | 28 | 41 | 13 |

8. WELL CONSTRUCTION
 Depth Drilled 41 Feet Depth Cased 41 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 41 Feet
24 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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 14 | 36.71 | 1.250 | 0 | 41 |

Perforations: **FACTORY**
 Type perforation 1/4" X 2 1/2" X 3 ROWS @ 13
 Size perforation 20 feet to 41 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal _____ Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No 41 feet
 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 APRIL 22 19 97
 Date completed APRIL 22 19 97

7. WELL TEST DATA

| 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 | | | |
| | | | |
| | | | |
| | | | |
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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 S. VALLEY VIEW
LAS VEGAS, NV 89103
 Nevada contractor's license number 18917
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1376
 Division of Water Resources, the on-site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 4-28-97