

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 70850
 Permit No. 70850
 Basin 70850
 NOTICE OF INTENT NO. 70850

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

1. OWNER ELDORADO HOTEL/CASINO ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 345 N. Virginia 35 E. 4th St.
Reno, NV 89501

2. LOCATION SW 1/4 NE 1/4 Sec. 11 T 19N N/S R 19E E Washoe County
 PERMIT NO. MW #4 1110-720 007-295-11 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 | Thickness |
|---|--------------|------|----|-----------|
| On this date we abandoned the 2" monitor well by pressure grouting with approximately 1.5 cu. ft. of neat cement using tremie pipe. | | | | |
| Plugging of log # 104481 | | | | |
| RECEIVED 30 FEB 27 1998 DIVISION OF WATER RESOURCES | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 41 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
6 Inches 0 Feet 41 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>2" pvc</u> | | | <u>0</u> | <u>40</u> |

Perforations:
 Type perforation Factory
 Size perforation .002
 From 25 feet to 40 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 24 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 26 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 Bruce MacKay Pump & Well Service, Inc. Contractor
 Address 1600 Mt. Rose Hwy Contractor
RENO, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board 23096
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1719
 Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 2-4-98

Date started 2/3/98 _____ 19
 Date completed 2/3/98 _____ 19

7. WELL TEST DATA

| TEST METHOD: | Bailer | | Pump | | Air Lift | |
|--------------|--------|-------------------------------|--------|-------------------------------|----------|--------------|
| | G.P.M. | Draw Down (Feet Below Static) | G.P.M. | Draw Down (Feet Below Static) | G.P.M. | Time (Hours) |
| | | | | | | |