

OFFICE USE ONLY
 Log No. **72669**
 Permit No. _____
 Basin **212**

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

NOTICE OF INTENT NO. **17131**
ALADDIN HOTEL & CASINO

1. OWNER **ADP MARSHALL/FLOUR DA NIEL** ADDRESS AT WELL LOCATION **ALADDIN HOTEL & CASINO**
 MAILING ADDRESS **3667 LAS VEGAS BLVD.** **3667 LAS VEGAS BLVD. LAS VEGAS, NV 89109**
LAS VEGAS, NV 89109

2. LOCATION **1/4 NW 1/4 Sec 21 T. 21 N/S R. 61 E CLARK** County
 PERMIT NO. **1162-21-201-001** Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
DEWATER WELL #3 of 22				
Compacted Aluvium rock solid		0	3	
Clay broken rock		3	12	
Rock		12	21	
Broken rock clays		21	22	
		22	30	

8. WELL CONSTRUCTION
 Depth Drilled **30** Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
24 Inches **0** From **30** To _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations: **MACHINE**
 Type perforation _____
 Size perforation **1/4" X 2 1/2"**
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **0** feet to **30** feet

9. WATER LEVEL
 Static water level **8"** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **7/17** 19**98**
 Date completed **7/19** 19**98**

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
ALLEN DRILLING INC.
 Name _____ Contractor
4847 S. VALLEY VIEW
 Address _____ Contractor
LAS VEGAS, NV 89103
 Nevada contractor's license number **18916**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **1301**
 Division of Water Resources, the on-site driller
 Signed **Jim Sills**
 By driller performing/actual drilling on site or contractor
 Date _____