

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. 944  
 Permit No. 212  
 Basin 212  
 NOTICE OF INTENT NO. 26683

PRINT OR TYPE ONLY

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

1. OWNER TURNBERRY PAVILION PARTNERS LP ADDRESS AT WELL LOCATION 2777 PARADISE RD.  
 MAILING ADDRESS 19501 BISCAYNE BLVD. #400 LAS VEGAS, NV  
AVENTURA, FL 33180-2377

2. LOCATION SE 1/4 NE 1/4 Sec 09 T 21 S R 61 E CLARK County  
 PERMIT NO. 162-09-602-011 TURNBERRY TOWER 4  
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other Dewater  
 4. PROPOSED USE Dewater  
 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
7-40' dewater well				
Fill		0	2'	
Caliche		2	4	
Clay silt, brown dry		4	6	
Clay sand & gravel		6	12	
Brown clay		12	17	
Brown clay sand w/ gravel		17	19	
Caliche		19	25	
Clay, sand & gravel		25	35	
Sandy silt		35	40'	

8. WELL CONSTRUCTION  
 Depth Drilled 40 Feet Depth Cased 40 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ 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)
14	36.71	1.250	0	40

 Perforations:  
 Type perforation Machine  
 Size perforation 1/4"x2.5x3 rows@13  
 From 10 feet to 40 feet  
 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

DUNH/DWH  
 RECEIVED

NOV 15 2004

LAS VEGAS OFFICE

Date started 10/14, 20 04  
 Date completed 10/19, 20 04

7. WELL TEST DATE

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

9. WATER LEVEL  
 Static water level \_\_\_\_\_ 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.  
(CONTRACTOR)  
 Address 4015 WEST TOMPKINS AVE.  
(CONTRACTOR)  
LAS VEGAS, NV 89103  
 Nevada contractor's license number issued by the State Contractor's Board 0018916 & 0018917  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2231  
 Signed Virtus Allen  
 By driller performing actual drilling on site or contractor  
 Date 10/28/04