

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. 94414
 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** $\frac{1}{4}$ **NE** $\frac{1}{4}$ 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 Monitor Stock
 Municipal/Industrial Air Other
 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 Feet
 Inches Feet Feet Feet
 Inches Feet 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" x 2.5 x 3 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

DONN/DVN
RECEIVED
NOV 15 2004
LAS VEGAS OFFICE

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

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

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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 **Victor Allen**
 By driller performing actual drilling on site or contractor
 Date **10/28/04**