

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. 94422
 Permit No. 212
 Basin 212

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 26653

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 Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
4-50' dewater well				
Fill		0	2'	
Caliche		2	4	
Clay silt, brown dry		4	12	
Clay sand & gravel		12	22	
Brown clay		22	27	
Brown clay sand w/ gravel		27	29	
Caliche		29	35	
Clay, sand & gravel		35	45	
Sandy silt		45	50	

8. WELL CONSTRUCTION
 Depth Drilled 50 Feet Depth Cased 50 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	50

 Perforations:
 Type perforation Machine
 Size perforation 1/4"x2.5x3 rows@13
 From 10 feet to 50 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
 From _____ feet to _____ feet

DOWN
 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.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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 Vista
 By driller performing actual drilling on site or contractor
 Date 10/28/04