

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. 96470
 Permit No. _____
 Basin 212

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

NOTICE OF INTENT NO. 27353
2170 S LAS VEGAS BLVD.
2710

1. OWNER NEVADA DEVELOPMENT PARTNERS LP ADDRESS AT WELL LOCATION
 MAILING ADDRESS 727 W SEVENTH ST. #800 LAS VEGAS, NV
LOS ANGELES, CA 90017-3715

2. LOCATION SW 1/4 NE 1/4 Sec 09 T 21 S R 61 E CLARK County

PERMIT NO. DW1189 162-09-613-002
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
15-40' dewater wells				
Brown dirt & rock		0	8	8
Silt	x	8	12	4
White clay		12	14	2
Brown silty clay	xx	14	19	5
Brown clay		19	25	6
Brown silty clay		25	30	3
White silty clay		30	32	4
Brown silty clay		32	36	4
Caliche		36	40	4

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Inches	Feet
From _____	To _____	From _____	To _____

CASING SCHEDULE

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

Perforations:

Type perforation _____
 Size perforation _____

From _____ feet to _____ 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 40 feet

DUPLICATE RECEIVED
 MAY 09 2005
LAS VEGAS OFFICE

Date started 3/21, 20 05
 Date completed 3/29, 20 05

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift
Draw Down (Feet Below Static)

G.P.M.	Time (Hours)

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 18916 & 18917
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS2161
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 4/28/05