

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. 96529
 Permit No. _____
 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. 27362

1. OWNER MADISON TOWERS LP ADDRESS AT WELL LOCATION 222 KAREN AVE
 MAILING ADDRESS 6752 VIA AUSTI PKWY #380 LAS VEGAS, NV
LAS VEGAS, NV 89119

2. LOCATION NW 1/4 NW 1/4 Sec 10 T 21 S R 61 E CLARK County

PERMIT NO. DW1193 162-10-101-003
 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 |
|---------------------------|--------------|------|-----|------------|
| 8-30' dewater well | | | | |
| Brown dirt | | 0' | 8' | 8' |
| Caliche | | 8' | 12' | 4' |
| Reddish brown clay | x | 12' | 16' | 4' |
| White clay | | 16' | 18' | 2' |
| Brown clay | | 18' | 24' | 6' |
| Red clay | | 24' | 30' | 6' |

8. WELL CONSTRUCTION

Depth Drilled 0 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24" Inches To 0 Feet
0 Feet 30 Feet
 Inches Feet
 Inches Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 14 | 36.71 | 1.250 | 0 | 30 |

Perforations:
 Type perforation Machine
 Size perforation 1/4"x2.5x3 rows@13
 From 10 feet to 30 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

9. WATER LEVEL
 Static water level 12 feet below land surface
 Artesian flow no 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 Victor Allen
 By driller performing actual drilling on site or contractor
 Date 5/11/05

Date started 5/2, 20 05
 Date completed 5/2, 20 05

7. WELL TEST DATE

| TEST METHOD: | Bailer | Pump | Air Lift |
|--------------|-------------------------------|--------------|----------|
| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) | |
| | | | |
| | | | |
| | | | |

ORIGINAL RECEIVED

MAY 16 2005

LAS VEGAS OFFICE