

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. **96961**  
 Permit No. \_\_\_\_\_  
 Basin **212**  
 NOTICE OF INTENT NO. **29384**

PRINT OR TYPE ONLY

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

1. OWNER **VENETIAN CASINO RESORT LLC** ADDRESS AT WELL LOCATION **3355 LAS VEGAS BLVD.**  
 MAILING ADDRESS **3355 LAS VEGAS, BLVD. SOUTH** **LAS VEGAS, NV 89109**

2. LOCATION **SE 1/4 NW 1/4 Sec 16 T 21 S R 61 E** **CLARK** County  
 PERMIT NO. **DW1197** **162-16-310-003**

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other **Dewater**

4. PROPOSED USE **Dewater**  
 Domestic  Irrigation  Test  Monitor  Stock  
 Municipal/Industrial

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<b>4-Dewater wells</b>				
Silty clay		0	9	9
caliche		9	14	5
clay		14	58	44
caliche		58	72	14
Hard pack clay & rock		72	115	43
caliche		115	123	8
sandy silt		123	140	17
pea gravel		140	145	5
caliche		145	150	5

8. WELL CONSTRUCTION

Depth Drilled **150** Feet Depth Cased **150** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>18</b> Inches	<b>0</b> Feet <b>5</b> Feet
<b>12</b> Inches	<b>5</b> Feet <b>150</b> Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>14</b>			<b>0</b>	<b>5</b>
<b>8</b>			<b>0</b>	<b>150</b>

Perforations:  
 Type perforation **machine**  
 Size perforation **.040**  
 From **40** feet to **150** 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 **0** feet to **150** feet

9. WATER LEVEL  
 Static water level **12** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **6/22**, 20 **05**  
 Date completed **6/28**, 20 **05**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
	Draw Down (Feet Below Static)		
G.P.M.	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 **18916 & 18917**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2231**  
 Signed *Victor Allen Este*  
 By driller performing actual drilling on site or contractor  
 Date **7/8/05**

DCNR/DWR  
 RECEIVED

JUL 13 2005

LAS VEGAS OFFICE