

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. **96962**
 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. **29384**

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**
 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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
4-Dewater wells				
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
18 Inches **0** Feet **5** Feet
12 Inches **5** Feet **150** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

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

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**

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)

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			

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*
 By driller performing actual drilling on site or contractor
 Date **7/8/05**