

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. **96963**
 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	Thickness
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

DNMR/DWR RECEIVED

JUL 13 2005

LAS VEGAS OFFICE

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**

7. WELL TEST DATE

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	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*
 By driller performing actual drilling on site or contractor
 Date **7/8/05**