

10 wells

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. **98483**

Permit No. _____

Basin **212**

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. **28817**

1. OWNER **Bernie Aguilera, VP Bellagio Hotel** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **3600 LAS VEGAS BLVD S** **BETWEEN 2600 AND 3750 S. LAS VEGAS BLVD,**
LAS VEGAS, NV 89109 **LAS VEGAS, NV 89109**

2. LOCATION **SE 1/4 NE 1/4 Sec. 20 T. 21 N32R 61 E** **CLARK** County
 PERMIT NO. **DW-1205** **162-20-603-012** Issued by Water Resources Parcel No. Subdivision **086**

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other **USA**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
① REMOVE CASING FROM WELL				
② ABANDON WELL BY PUMPING NEAT CEMENT FROM BOTTOM TO TOP				
(8) 2" wells				
(2) 6" wells				
COND/DWD RECEIVED				
DEC 23 2005				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

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

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

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout

Depth of Seal _____

Placement Method: Pumped Poured

Gravel Packed: Yes No

From _____ feet to _____ feet

9. WATER LEVEL

Static water level **18.0** 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 **WOL Explorations & Wells** Contractor

Address **570 Collihan Dr N. LAS VEGAS, NV 89030** Contractor

Nevada contractor's license number issued by the State Contractor's Board **0012852**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2202**

Signed By driller performing actual drilling on site or contractor

Date **12-22-05**

Date started **9-8** 2005

Date completed **10-28** 2005

7. WELL TEST DATA

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	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____