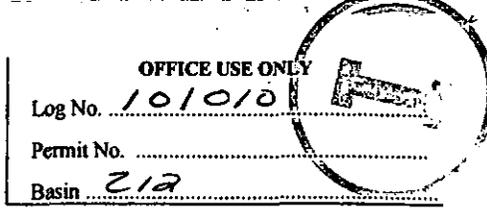


COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
 WELL DRILLER'S REPORT



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. **30335**

1. OWNER **WYNN LAS VEGAS LLC**  
 MAILING ADDRESS **3131 LAS VEGAS BLVD. S LAS VEGAS, NV 89109**  
 ADDRESS AT WELL LOCATION **3141 S. LAS VEGAS BLVD. LAS VEGAS, NV**

2. LOCATION **SE 1/4 SW 1/4 Sec 09 T 21 S R 61 E CLARK County**  
 PERMIT NO. **DW1218A** **162-09-410-001**  
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE **Dewatering**  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>10-Dewater wells</b>				
Brown dirt		0	3'	3'
Caliche		3'	6'	3'
White clay caliche		6'	8'	2'
silt	xx	8'	12'	4'
caliche		12'	13'	1'
redish brown clay		13'	18'	5'
		18'	25'	7'

8. WELL CONSTRUCTION  
 Depth Drilled **20-25 Feet** Depth Cased **20-25 Feet**  
 HOLE DIAMETER (BIT SIZE)  
 From **24"** Inches To **0** Feet **20-25** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:  
 Type perforation **Machine**  
 Size perforation \_\_\_\_\_  
 From **0** feet to **20'-25'** 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 **20-25'** feet

9. WATER LEVEL  
 Static water level **125** feet below land surface  
 Artesian flow **no** G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **9/23, 20 06**  
 Date completed **9/23, 20 06**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	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 **ABDS2161**  
 Signed *[Signature]*  
 By driller performing actual drilling on site or contractor  
 Date **10/10/06**

OCNR/DWR  
 RECEIVED  
 OCT 13 2006

LAS VEGAS OFFICE