

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. **102256**
 Permit No. _____
 Basin **212**
 NOTICE OF INTENT NO. **30792**

PRINT OR TYPE ONLY

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

1. OWNER **FONTAINEBLEAU LAS VEAS LLC** ADDRESS AT WELL LOCATION **2755 S LAS VEGA BLVD.**
 MAILING ADDRESS **2827 PARADISE RD** **LAS VEGAS, NV**
LAS VEGAS, NV 89109

2. LOCATION **SE 1/4 NE 1/4** Sec **09** T **21** S R **61** E **CLARK** County
 PERMIT NO. **DW1233** **162-09-602-002** **Fontainebleau**
Issued by Water Resources Parcel No. Subdivision Name

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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
49-Dewater wells				
Depth 40'				
Brown dirt & rock		0	14'	14'
Moist dirt & rock	x	14'	17'	3'
White silty clay		17'	19'	2'
Brown silty clay		19'	32'	13'
Caliche		32'	34'	2'
Brown clay		34'	40'	6'

8. WELL CONSTRUCTION
 Depth Drilled **40** Feet Depth Cased **40** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches To **0** Feet **40** 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 **1/4"x2.5" long 16 around**
 From **20** feet to **40** 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 **40** feet
 9. WATER LEVEL
 Static water level **15** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **1/3, 20 07**
 Date completed **1/17, 20 07**

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
 By driller performing actual drilling on site or contractor
 Date **January 18, 2007**