

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. **10231b**
 Permit No. _____
 Basin **212**
 NOTICE OF INTENT NO. **30791**

PRINT OR TYPE ONLY

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

1. OWNER **KRYSTLE TOWERS LLC** ADDRESS AT WELL LOCATION **2845 S LAS VEGAS BLVD**
 MAILING ADDRESS **2827 PARADISE RD** **LAS VEGAS, NV 89109**

2. LOCATION **SE 1/4 NE 1/4 Sec 09 T 21 S R 61 E** **CLARK** County

PERMIT NO. **DW1234** **162-09-704-001** **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	Thickness
44 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 **12/14**, 20 **06**
 Date completed **1/3**, 20 **07**

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			

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 *David J. Smith*
 By driller performing actual drilling on site or contractor
 Date **January 18, 2007**