

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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 104199
 Permit No. _____
 Basin 212

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. 30847

PRINT OR TYPE ONLY

1. OWNER ETN DEVELOPMENT CORPORATION
 MAILING ADDRESS 2950 INDUSTRIAL RD
LAS VEGAS, NV 89109-1100

ADDRESS AT WELL LOCATION 1500 ECHELON RESORT DR
LAS VEGAS, NV 3000 S. Las Vegas Blvd

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

PERMIT NO. DW1248 Issued by Water Resources
162-09-402-002 / 6 2-89-311-002 Parcel No.
ECHELON Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. Dewater PROPOSED USE VDW
 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
<u>13-Dewatering well</u>				
<u>Dirt & small gravel</u>		<u>0</u>	<u>8</u>	
<u>Fractured broken caliche</u>		<u>9</u>	<u>18</u>	
<u>Red clay</u>		<u>19</u>	<u>27</u>	
<u>Caliche</u>		<u>28</u>	<u>39</u>	
<u>Tan clay</u>		<u>40</u>	<u>46</u>	
<u>Caliche</u>		<u>47</u>	<u>50</u>	
<u>WGS84</u>				
<u>N36 07. 978'</u>				
<u>W115 10. 182'</u>				

8. WELL CONSTRUCTION

Depth Drilled 50 Feet Depth Cased 50 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 0 Feet 50 Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14</u>			<u>+1</u>	<u>50</u>

Perforations:
 Type perforation Machine
 Size perforation 1/4"x2.5" long 16 around
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Depth of Seal _____
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 0 feet to 50 feet

9. WATER LEVEL

Static water level 23 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 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 MPDEW2343

Signed Timothy R. Wiley
 By driller performing actual drilling on site or contractor
 Date September 21, 2007

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)

Date started 8/20, 20 07
 Date completed 8/21, 20 07