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

PRINT OR TYPE ONLY

STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 105020
Permit No.
Basin 212

NOTICE OF INTENT NO. 33296

1. OWNER EL AD IDB LAS VEGAS LLC
MAILING ADDRESS 575 MADISON AVE 22ND FLOOR
NEW YORK NY 10022

ADDRESS AT WELL LOCATION 3120 S LAS VEGAS BLVD.
LAS VEGAS, NV

2. LOCATION NW ¼ NW ¼ Sec 16 T 21 S R 61 E CLARK County

PERMIT NO. MO2797 (Issued by Water Resources) | 162-16-101-009 (Parcel No.) | Subdivision Name

3. WORK PERFORMED
New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ Other

4. PROPOSED USE
☐ Domestic ☐ Irrigation ☐ Test
☐ Municipal/Industrial ☒ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Plug 1 Monitor wells				
Depth 60'				
Pulled casing				
Trimmie 3 yards of 9				
sack 4000 grout to surface				
WGS 84				
N36 07. 746				
W115 10. 194				

RECEIVED FEB 25 2008

Date started 2/18, 20 08
Date completed 2/18, 20 08

7. WELL TEST DATE

TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

RECEIVED MAR 17 2008 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

		From	To
2	Inches	Feet	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
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ 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 ____ feet to ____ feet

9. WATER LEVEL
Static water level 18 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 ABDS2161
Signed ____ By driller performing actual drilling on site or contractor
Date February 25, 2008

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