

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

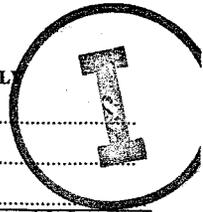
STATE OF NEVADA

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. 105045
 Permit No. 66728
 Basin 212
 NOTICE OF INTENT NO. 33303



PRINT OR TYPE ONLY

1. OWNER M RESORT LLC ADDRESS AT WELL LOCATION 12300 S LAS VEGAS BLVD.
 MAILING ADDRESS 6700 VIA AUSTI PKWY #200 HENDERSON, NV

2. LOCATION SW 1/4 NW 1/4 Sec 09 T 23 S R 61 E CLARK County

PERMIT NO. 66728 Issued by Water Resources Parcel No. 191-09-211-001 Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE Commercial WELL TYPE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Plug 1 well				
Depth 500'				
Casing 8 5/8"				
Static water level @ 342'				
Perforate well from 500' to 290'.				
Trimmie 8 yards of W171 slurry from 262' to 500'.				
Gravel well from 262' to 140'.				
Trimmie 2.5 yards of 9 sack slurry from 140' to surface				
<u>WG384</u>				
<u>N35° 57' 917'</u>				
<u>W115 10. 288'</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____ 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 2231
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date March 4, 2008

Date started 2/28, 20 08
 Date completed 3/3, 20 08

7. WELL TEST DATE

TEST METHOD: Hand Pump Air Lift
 Draw-Down
 G.P.M. _____ (feet Below Static) Time (Hours) _____

MAR 17 2008
2mo TIME
LAS VEGAS OFFICE

DCNR/DWR
 RECEIVED
 MAR 10 2008

LAS VEGAS OFFICE

PLUGGING OF LOG# 82022