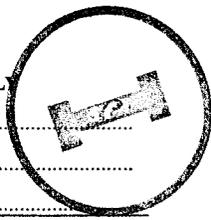


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 105668
 Permit No. _____
 Basin 212



PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 33329

1. OWNER ECHOLON RESORTS LLC ADDRESS AT WELL LOCATION 3000 S LAS VEGAS BLVD.
 MAILING ADDRESS 6465 S RAINBOW LAS VEGAS, NV

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

PERMIT NO. DW1248 Issued by Water Resources Parcel No. 162-09-311-003 Subdivision Name ECHOLON

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					8. WELL CONSTRUCTION																							
Material	Water Strata	From	To	Thickness	Depth Drilled	Feet	Depth Cased	Feet																				
Plug 1-Dewatering well					HOLE DIAMETER (BIT SIZE) From _____ To _____ Inches _____ Feet _____ Feet _____ Feet _____ Inches _____ Feet _____ Feet _____ Feet _____ Inches _____ Feet _____ Feet _____ Feet _____																							
Depth 30'																												
Cut off 20' of casing																												
pulled pump, but unable to pull casing. Filled with 4.5 yards of 10.5 sack cement slurry to surface.																												
WGS84					CASING SCHEDULE <table border="1"> <thead> <tr> <th>Size O.D. (Inches)</th> <th>Weight/Ft. (Pounds)</th> <th>Wall Thickness (Inches)</th> <th>From (Feet)</th> <th>To (Feet)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)															
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)																								
N36 07 947'																												
W115 10 203'																												
					Perforations: Type perforation _____ Size perforation _____ From _____ feet to _____ feet From _____ feet to _____ feet																							
					Surface Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No Seal Type: _____ Depth of Seal _____ <input type="checkbox"/> Neat Cement Placement Method: <input type="checkbox"/> Pumped <input type="checkbox"/> Cement Grout <input type="checkbox"/> Poured <input type="checkbox"/> Concrete Grout Gravel Packed: <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____																							

Date started 6/9, 20 08
 Date completed 6/9, 20 08

7. WELL TEST DATE

TEST METHOD: Bailer Pump 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 MPDEW2343
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date June 11, 2008