

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. 105669
 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 ECHELON 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 162-09-311-003 ECHELON
 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 | Thick-ness |
|---|--------------|------|----|------------|
| Plug 1-Dewatering well | | | | |
| Depth 30' | | | | |
| Attempted to pull casing could not pull; Pulled pump and filled from bottom to top 2.5 yards of 9 sack grout to surface. | | | | |
| #58 | | | | |
| WGS84 | | | | |
| N36 07 947' | | | | |
| W115 10 203' | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| | | |
|-------------------|---------------|------------|
| From _____ Inches | To _____ 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

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) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |

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 MPDEW2343

Signed Timothy Kelly
 By driller performing actual drilling on site or contractor
 Date June 11, 2008