

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. 105677
 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 89118 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	Thickness
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				
#59				
WGS84				
N36 07 947'				
W115 10 203'				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

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

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)

7. WELL TEST DATE

TEST METHOD:	<input checked="" type="checkbox"/> Bailor	<input checked="" type="checkbox"/> Pump Draw Down	<input type="checkbox"/> Air Lift
G.P.M.	(Feet Below Static)	Time (Hours)	

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 Jimmy Alty
 By driller performing actual drilling on site or contractor

Date June 10, 2008