

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. 106309
 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. **DW1247** **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 4-Dewatering well | | | | |
| #29, #30, #55 & #88 | | | | |
| Extract casings and pulled pumps | | | | |
| Filled with 2 yards of 9 sack cement slurry to surface of each well. | | | | |
| WGS84 | | | | |
| N36 07 948' | | | | |
| W115 10 203' | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

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

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 **6/11, 20 08**
 Date completed **6/12, 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)
 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 Wiley*
 By driller performing actual drilling on site or contractor
 Date **June 11, 2008**

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift
Draw Down (Feet Below Static)

| G.P.M. | Time (Hours) |
|-----------|--------------|
| 31 | 2008 |
| _____ | _____ |
| _____ | _____ |