

COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
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STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. **106376**  
 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. **33944**

1. OWNER **FONTAINEBLEAU LAS VEGAS LLC** ADDRESS AT WELL LOCATION **2777 S LAS VEGAS BLVD.**  
 MAILING ADDRESS **2827 PARADISE RD LAS VEGAS, NV 89109**

2. LOCATION **SE 1/4 NE 1/4 Sec 09 T 21 S R 61 E CLARK County**

PERMIT NO. **DW1233** Issued by Water Resources Parcel No. **162-09-602-002** Subdivision Name **Fontainebleau**

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  
 Domestic  Irrigation  Test  Monitor  Stock  Municipal/Industrial  
 5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<b>Plug 1 -Dewater wells</b>				
<b>Depth 40'</b>				
<b>Casing 14" unable to pull casing abandon in place filled with 3.5 yards of 9 sack 4000 grout with 2% accelarant to surface.</b>				
<b>WGS84</b>				
<b>N36 08 182'</b>				
<b>W115 09 555'</b>				

8. WELL CONSTRUCTION  
 Depth Drilled **40** Feet Depth Cased **40** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **24** Inches To **0** Feet **40** 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 **Machine**  
 Size perforation **1/4"x2.5" long 16 around**  
 From **20** feet to **40** 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 **0** feet to **40** feet

9. WATER LEVEL  
 Static water level **15** 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.

Date started **7/23, 20 08**  
 Date completed **7/23, 20 08**

7. WELL TEST DATE

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

Name **ALLEN DRILLING INC.** (CONTRACTOR)  
 Address **4015 WEST TOMPKINS AVE LAS VEGAS, NV 89103** (CONTRACTOR)  
 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 **August 8, 2008**

