

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

OFFICE USE ONLY  
 Log No. **106380**  
 Permit No. \_\_\_\_\_  
 Basin **212**  
 NOTICE OF INTENT NO. **33329**

PRINT OR TYPE ONLY

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

1. OWNER **ECHOLON RESORTS LLC**  
 MAILING ADDRESS **6465 S RAINBOW LAS VEGAS, NV 89118**  
 ADDRESS AT WELL LOCATION **3000 S LAS VEGAS BLVD. LAS VEGAS, NV**

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

PERMIT NO. **DW1247** 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

Material	Water Strata	From	To	Thick-ness
<b>Plug 9-Dewatering well</b>				
<b>#68,#75,#77,#78,#79,#76</b>				
<b>#73. #80 * #81</b>				
<b>Extract casings and pumps.</b>				
<b>Filled with 2 yards of 9 sack cement slurry to surface of each well.</b>				
<b>WGS84</b>				
<b>N36 07 948'</b>				
<b>W115 10 203'</b>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	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

**DCNR/DWR RECEIVED**  
 AUG 15 2008  
**LAS VEGAS OFFICE**

9. WATER LEVEL

Static water level \_\_\_\_\_ feet below land surface

Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.

Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started \_\_\_\_\_ 7/2, 20 08

Date completed \_\_\_\_\_ 7/3, 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 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 *Allen Drilling Inc.*  
 By driller performing actual drilling on site or contractor

Date **August 1, 2008**