

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. **106381**
 Permit No. _____
 Basin **212**
 NOTICE OF INTENT NO. **33329**

WELL DRILLER'S REPORT

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

PRINT OR TYPE ONLY

1. OWNER **ECHELON 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
162-09-311-003 Parcel No.
ECHELON 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 9-Dewatering well				
#68,#75,#77,#78,#79,#76				
#73. #80 * #81				
Extract casings and 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 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

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 _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Date started **7/2, 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)	

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 *Timothy Allen*
 By driller performing actual drilling on site or contractor
 Date **August 1, 2008**

DCNR/DWR RECEIVED
AUG 15 2008
LAS VEGAS OFFICE