

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. 106391
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 33946

PRINT OR TYPE ONLY

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

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 |
|--|--------------|------|----|------------|
| <u>Plug 2-Dewatering well</u> | | | | |
| <u>#2 & #3 (MCA well)</u> | | | | |
| <u>Casings backfilled and compacted-abandon in place. Filled with 2.5 yards of 9 sack cement slurry to surface of each well.</u> | | | | |
| <u>WGS84</u> | | | | |
| <u>N36 07 948'</u> | | | | |
| <u>W115 10 203'</u> | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

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

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured
 Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

DCNR/DWR RECEIVED
 AUG 15 2008
LAS VEGAS OFFICE

Date started 7/17, 20 08
 Date completed 7/24, 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 | | | |
| | | | |
| | | | |
| | | | |

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.
 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 12, 2008