

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

STATE OF NEVADA

OFFICE USE ONLY

□□A□□□A□A□□□A□A□A□□'A□A□A□A

Log No. 115084

Permit No. _____

Basin 212

WELL DRILLER'S REPORT

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. 36013

1. OWNER **ICAHN NV GAMING ACQUISITION LLC** ADDRESS AT WELL LOCATION **2777 S. LAS VEGAS BLVD.**
 MAILING ADDRESS **142 W 57TH STREET 5TH FLOOR** **LAS VEGAS, NV**
NEW YORK NY 10019

2. LOCATION **SE 1/4 NE 1/4 Sec 09 T 21 S R 61 E** **CLARK** County
 PERMIT NO. **162-09-617-001** **Fontainebleau**

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 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 1 -Dewater well #11				
Depth 40'				
Cut casing down, leaving 38' below grade.				
Used forklift and cement bucket to place approx. 1-1/2 yard+ of 198-6 concrete mix design 9 sack cement grout to surface.				
No GPS signal available due to interference.				
DCNR/DWR RECEIVED				
APR 06 2012				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet	Feet
From _____	To _____	From _____	To _____
_____	_____	_____	_____
_____	_____	_____	_____

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

Date started 3/8, 20 12
 Date completed 3/8, 20 12

7. WELL TEST DATE

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

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**
(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 **1376**

Signed *[Signature]*
 By driller performing actual drilling on site or contractor

Date **April 3, 2012**