



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 15579

1. OWNER Grand Casinos, Inc ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 130 Cheshire Lane 3755 Las Vegas Blvd So.
Minnetonka, MN 55305

2. LOCATION NW 1/4 SW 1/4 Sec. 21 T. 21 #/S R. 61 E. Clark County _____
 PERMIT NO. MO-2774 162-21-301-015 Subdivision Name _____
Issued by Water Resources Parcel No.

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

4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG MW-2

Material	Water Strata	From	To	Thick-ness
<u>Fill Asphalt over base</u>		<u>0</u>	<u>2 1/2</u>	
<u>CLAYEY SAND</u>		<u>2 1/2</u>	<u>6 1/2</u>	
<u>SILTY CLAY</u>		<u>6 1/2</u>	<u>8</u>	
<u>SAUDY CLAY</u>		<u>8</u>	<u>11</u>	
<u>SILTY CLAY</u>		<u>11</u>	<u>15</u>	
<u>SILTY SAND</u>		<u>15</u>	<u>16 1/2</u>	
<u>SILTY CLAY</u>		<u>16 1/2</u>	<u>21 1/2</u>	
<u>CALICHE</u>		<u>21 1/2</u>	<u>25</u>	
<u>SAUDY CLAY</u>	<u>Y</u>	<u>25</u>	<u>37</u>	

8. WELL CONSTRUCTION
 Depth Drilled 37 Feet Depth Cased 35 Feet

HOLE DIAMETER (BIT SIZE)
5 1/2 Inches From 0 To 37 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Fect)	To (Fect)
<u>2</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>35</u>

Perforations:
 Type perforation slotted screen
 Size perforation .010 inch
 From 20 feet to 35 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 19
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 19 feet to 37 feet

9. WATER LEVEL
 Static water level 24.8 feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature _____ °F Quality _____

Date started 1/22, 1997
 Date completed 1/22, 1997

7. WELL TEST DATA

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			
<u>N/A</u>			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Tom Allen c/o Tomason Consultants Contractor
 Address 4343 S. Polaris Ave Contractor
Las Vegas NV 89103
 Nevada contractor's license number _____ issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1944
 Signed Tomason Consultants By driller performing actual drilling on site or contractor
 Date 1-27-97