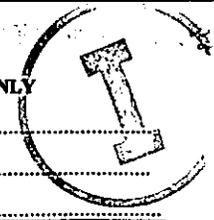


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 97551
 Permit No. 212
 Basin 212
 NOTICE OF INTENT NO. 29463



PRINT OR TYPE ONLY

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

1. OWNER **FLAMINGO PARADISE GAMING LLC** ADDRESS AT WELL LOCATION **4100 PARADISE RD.**
 MAILING ADDRESS **5195 LAS VEGAS BLVD S** **LAS VEGAS, NV 89119**

2. LOCATION **NW 1/4 NW 1/4 Sec 22 T 21 S R 61 E** **CLARK** County
 PERMIT NO. **DW1192** **162-22-104-001** Subdivision Name DSB

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other **Dewater**

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
10 dewater wells				
Silty dirt		0	5	5
Caliche		5	10	5
White silty clay	x	10	16	6
Caliche		16	17	1
Tan clay		17	23	6
Caliche		23	25	2
Brown Dirt	x	25	30	5

DCNR/DWR
 RECEIVED
 OCT 19 2005
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **30'** Feet Depth Cased **30'** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches To **0** Feet **30** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation **Machine**
 Size perforation _____
 From **10** feet to **30** feet
 From _____ feet to _____ feet

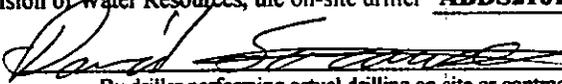
Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **0** feet to **30** feet

9. WATER LEVEL
 Static water level **11** feet below land surface
 Artesian flow **no** G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **9/12, 20 05**
 Date completed **10/4, 20 05**

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			

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 **ABDS2161**
 Signed 
 By driller performing actual drilling on site or contractor
 Date **10/14/05**