

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

STATE OF NEVADA

DIVISION OF WATER RESOURCES

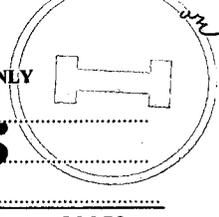
WELL DRILLER'S REPORT

OFFICE USE ONLY

Log No. **99992**

Permit No. **16865**

Basin **212**



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. **30053**

1. OWNER **CELEBRATE PPTYS HOLDINGS LLC** ADDRESS AT WELL LOCATION **4537 W LAKE MEAD BLVD**
 MAILING ADDRESS **2535 W CHEYENNE AVE #100**
N LAS VEGAS NV 89032-8930

2. LOCATION **NE 1/4 SW 1/4 Sec 20 T 20 S R 62 E** **CLARK** County
 PERMIT NO. **16865** **140-20-301-013**
 issued by **Water Resources** Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED PROPOSED USE 5. WELL TYPE

New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Abandon 1 domestic well				
10" diameter casing, 15' deep				
8 5/8" casing to 168', perforated from 168' to 30'				
Casing rotted from 30' to top.				
Trimmie 23 sack slurry to top.				
Well took 15 yards of slurry.				
Plugging of log # 3302				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	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: _____

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 **6/13, 20 06**

Date completed **6/22, 20 06**

7. WELL TEST DATE

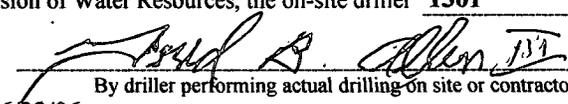
TEST METHOD:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.		
<input type="checkbox"/> Bailer			
<input type="checkbox"/> Pump			
<input type="checkbox"/> Air Lift			

Name **ALLEN DRILLING INC** (CONTRACTOR)

Address **4015 W 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 **1301**

Signed 
 By driller performing actual drilling on site or contractor

Date **6/23/06**