

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

STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT



Log No. 99994
 Permit No. 24774
 Basin 212
 NOTICE OF INTENT NO. 30051

PRINT OR TYPE ONLY

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

1. OWNER **CELEBRATE PPTYS HOLDINGS LLC**
 MAILING ADDRESS **2535 W CHEYENNE AVE #100**
N LAS VEGAS NV 89032-8930

ADDRESS AT WELL LOCATION **W LAKE MEAD BLVD**

2. LOCATION NE 1/4 SW 1/4 Sec 20 T 20 S R 62 E **CLARK** County
 PERMIT NO. 24774 140-20-301-014
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE **Commercial** WELL TYPE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Abandon 1 domestic well				
6" diameter casing				
Static 25'				
Well plugged @ 28'				
Drill out to 68' & fish out pump.				
Casing rotted out.				
Trimmie 2 1/2 yds. 23 sack slurry to top.				
Plugging of log 9862				
DCNR/DWR RECEIVED JUN 29 2006 LAS VEGAS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ 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 _____
 Size perforation _____
 From _____ feet to _____ 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 _____ feet to _____ feet

Date started 6/13, 20 06
 Date completed 6/22, 20 06

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	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 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 Frederic B. Allen III
 By driller performing actual drilling on site or contractor

Date 6/23/06