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

OFFICE USE ONLY
Log No. 112397
Permit No.
Basin 137A

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 65514

1. OWNER Round Mountain Gold Corporation
MAILING ADDRESS P.O. Box 480
NE Round Mountain, NV 89045

ADDRESS AT WELL LOCATION Smoky Valley-Heap Leach Pad MW2
Manhattan, NV 89022
Subdivision Name: County: Nye

2. LOCATION NW ¼ ¼ ¼ Sec 19 T 08N N/S R 44 E
PERMIT/WAIVER No. M/O-1642 NEV008 WPCP#8013
Issued by Water Resources Parcel No.

Latitude 38.53971
Longitude -117.081813
UTM E N
☐ NAD 27 ☒ NAD 83/WGS 84

3. WORKED PERFORMED
☒ New Well ☐ Replace ☐ Recondition
☐ Deepen ☐ 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	Thickness
Top Soil,Gray Clay w/s rock		0	15	15
Black Fractured Rock		15	250	235
Fractured Clay&Rock, Brown	X	250	270	20

Date started: 19-Oct , 20 10
Date completed: 21-Oct , 20 10

9. WELL CONSTRUCTION
Depth Drilled 270 Feet Depth Cased 269 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
9	inches	0	Feet	270	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	2.9	.337	0	269
6	12.96	.188	0	10

Perforations:
Type of perforation Well Screen
Size of perforation 0.02
From 245 feet to 265 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☒ Yes ☐ No
☒ Neat Cement 0 to 15 ☒ Pumped ☐ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☒ ≥30% Bentonite Grout 15 to 244 ☒ Pumped ☐ Poured

Gravel Pack: ☒ Yes ☐ No 244 to 270 ☐ Pumped ☒ Poured
Type: SRI #8 Sand
Bentonite Chips: ☐ Yes ☒ No to ☐ Pumped ☐ Poured
Type:

7. Water Level
Static water level: 124 feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: °F
Quality: Unknown

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Parsons Drilling, Inc.
Contractor
Address P.O. Box 1265
Contractor
Fallon, NV 89407
Nevada contractor's license number issued by the *State Contractor's Board* 29064
Nevada driller's license number issued by the Division of Water Resources, the *on-site driller* 1753
Signed
By driller performing actual drilling on site or contractor
Date 11/7/2010

(Rev. 05-06)
USE ADDITIONAL SHEETS IF NECESSARY

38.539772°N
117.080897°W
NAD 27 TA