

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

OFFICE USE ONLY
Log No. 113824
Permit No. _____
Basin 137 B

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. 67005

1. OWNER Round Mountain Gold (Ryan Harris) ADDRESS AT WELL LOCATION Smokey Valley RP-7
MAILING ADDRESS P.O. Box 480 Round Mountain, NV 89045
Subdivision Name: _____ County: Nye

2. LOCATION SE ¼ SW ¼ Sec 15 T 10N N/S R 43 E Latitude 38.72005 N UTM E NAD 27
PERMIT/WAIVER No. WPCP NEV0091030 Longitude -117.14071 W N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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	Thick-ness
Clay		0	17	17
Sand		17	28	11
Gravel		28	47	19
Sand		47	65	18
<u>38.720118°N NAD 27</u>				
<u>117.139791°W</u>				
201 MAY 12 AM 11:40				
STATE ENGINEER OF NEVADA				
* replaces original well log # 112577 which was plugged under log # 113825				

9. WELL CONSTRUCTION

Depth Drilled	65	Feet	Depth Cased	65	Feet
HOLE DIAMETER (BIT SIZE)					
	From		To		
	6	Inches	0	Feet	65
				Feet	
				Feet	
CASING SCHEDULE					
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)	
1.315	.41	.179	0	65	

Perforations:

Type of perforation _____ Well Screen _____
Size of perforation _____ 0.02

From 40 feet to 65 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 40 Pumped Poured

Gravel Pack: Yes No 40 to 65 Pumped Poured
Type: _____ SRI #8 _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

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

8. 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			

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 2307

Signed [Signature]
By driller performing actual drilling on site or contractor

Date 5/8/2011