STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 121623
Permit No.
Basin 137B

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. **71775**

1. OWNER **Round Mountain Gold Corp.** **HD-14-7A**
MAILING ADDRESS **P.O. Box 480**
Round Mountain, NV. 89045

ADDRESS AT WELL LOCATION **Round Mountain Mine, Round Mountain, NV**
Subdivision Name: *County:* **Nye**

2. LOCATION **SW¼NE¼** Sec**30**T**10**N/ R**44**E
PERMIT/WAIVER NO. **M/O-1958** *Issued by Water Resources* Parcel. No.

Latitude ____ UTM E **493260** ☒ NAD 27
Longitude ____ N **4283415** ☐ NAD 83/WGS 84

3. WORK 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
Gray Rock		0	200	200
Gray and Black		200	520	320

NAD 27
38.699804°N
117.078336°W

Date started: **December 17**, 20 **14**
Date completed: **December 18**, 20 **14**

9. *WELL CONSTRUCTION*
Depth Drilled **520** Feet Depth Cased **520** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
8.75 Inches	**0** Feet	**20** Feet
5.5 Inches	**20** Feet	**520** Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1.9	.69	.200	0	520

Perforations:
Type of perforation **Slotted**
Size of perforation **.020**
From **0** feet to **520** 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 20 ☒ Pumped ☐ Poured
☐ Cement Grout ____ to ____ ☐ Pumped ☐ Poured
☐ Concrete Grout ____ to ____ ☐ Pumped ☐ Poured
☐ ≥30% Bentonite Grout ____ to ____ ☐ Pumped ☐ Poured
Gravel Pack: ☐ Yes ☒ No ____ to ____ ☐ Pumped ☐ Poured
Type:
Bentonite Chips: ☐ Yes ☒ No ____ to ____ ☐ Pumped ☐ Poured
Type:

7. *Water Level*
Static water level: **N/A** feet below land surface
Artesian Flow: **N/A** G.P.M. ____ P.S.I
Water Temperature: **N/A** °F
Quality: **N/A**

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

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **Boart Longyear** (CONTRACTOR)
Address **2745 California Ave.** (CONTRACTOR)
SLC., UT. 84104
Nevada contractor's license number issued by the *State Contractor's Board* **0021976**
Nevada driller's license number issued by the Division of Water Resources, the *on-site driller* **2462**
Signed ____ By driller performing actual drilling on site or contractor
Date **January 7, 2015**