

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

OFFICE USE ONLY
 Log No. 89975
 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. 50931

1. OWNER Round Mt Gold Corp ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 480
Round Mt NV 89045

2. LOCATION SW 1/4 SW 1/4 Sec 19 T 10 N S R 44 E N4E County _____
 PERMIT NO. N/A Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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
<u>m/b 2002-4</u>				
<u>TUFFS</u>		<u>0</u>	<u>1100</u>	<u>1100</u>
<u>Cement</u>		<u>1100</u>	<u>950</u>	<u>150</u>
<u>Sand #8</u>		<u>950</u>	<u>820</u>	<u>130</u>
<u>3/8" Holeplug</u>		<u>820</u>	<u>20</u>	<u>800</u>
<u>Cement</u>		<u>20</u>	<u>0</u>	<u>20</u>

8. WELL CONSTRUCTION
 Depth Drilled 1100 Feet Depth Cased 950 Feet

HOLE DIAMETER (BIT SIZE)
 From To
12 Inches 0 Feet 19 Feet
6 3/4 Inches 19 Feet 1100 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 3/8</u>	<u>N/A</u>	<u>Sch-40</u>	<u>950</u>	<u>+1.5</u>

Perforations:
 Type perforation Horizontal slot
 Size perforation .020
 From BLANK 950 feet to _____ feet
 From SCREEN _____ feet to _____ feet
 From BLANK _____ feet to +1.5 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 20 Cement Grout
 Placement Method: Pumped Poured Concrete Grout

Gravel Packed: Yes No
 From 950 feet to 820 feet

9. WATER LEVEL
 Static water level 5.5 feet below land surface
 Artesian flow N/A G.P.M. _____ P.S.I.
 Water temperature N/A °F Quality Clean

Date started 5-29 2002
 Date completed 6-3 2002

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>950</u>	<u>3</u>	<u>N/A</u>
		<u>3 HRS</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name EKLUND DRILLING CO Contractor
 Address P.O. Box 2748
EIKO, NV 89803 Contractor
 Nevada contractor's license number 0030823
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1942
 Signed William Riley
 By driller performing actual drilling on-site or contractor
 Date 6-9-02