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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 51142

1. OWNER Round Mountain Gold Corp ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 480 Round Mountain Nevada 89045 Smokey Valley Common Operation
 2. LOCATION NW 1/4 SE 1/4 Sec. 19 T 10 R 44 E Nye County
 PERMIT NO. _____ 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	Thickness
Hard Rock		0	550	550
Fracture - Aprox 10 GPM		550	555	5
Hard Rock		555	730	175
Fracture Aprox 30 GPM		730	735	5
Hard Rock		735	840	105
8 Fractures Aprox 60 GPM		840	870	30
Hard Rock		870	1000	130
Hard Rock Small fractures	Aprox 80 GPM	1000	1075	75
Hard Rock Small fractures	Aprox 80 GPM	1075	1160	85
5 super Sacks 1/4" Gravel		560	1160	600
185 50" Sacks 3/8 Hole plug		50	560	510
15 94" Bags Cement		+3	50	53

8. WELL CONSTRUCTION
 Depth Drilled 1160 Feet Depth Cased 1160 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
12 Inches 0 Feet 20 Feet
6 1/2 Inches 20 Feet 870 Feet
6 1/4 Inches 870 Feet 1160 Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8"		1/4 steel	+3	20
2"	3	sch 40 steel	+3	600
2"		sch 40 steel screen	600	1160

 Perforations:
 Type perforation Vertical slot
 Size perforation .080
 From 600 feet to 1160 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal +3 - 50 Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

RECEIVED

JUL 11 2003

STATE ENGINEER'S OFFICE

Date started 6-25, 2003
 Date completed 7-11, 2003

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>4</u>	<u>N/A</u>	<u>18 hrs</u>	

9. WATER LEVEL
 Static water level 425 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Warm °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 Eklund Drilling Co. Inc Contractor
 Address P.O. Box 2748 Contractor
Elko, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board 0030823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1879
 Signed Bruce Clark
 By driller performing actual drilling on site or contractor
 Date 7-11-03