

OFFICE USE ONLY

Log No. 91789

Permit No. _____

Basin. 27B

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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. 48801

1. OWNER Round Mt Gold Corp ADDRESS AT WELL LOCATION Smoky Valley Common operation
 MAILING ADDRESS P.O. Box 480
Round Mountain, Nv 89045

2. LOCATION SE 1/4 SE 1/4 Sec. 24 T. 10 S. R. 43 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
Alluvium		0	920	920
Clay		920	1060	140
Hard Rock with Fractures		1060	1500	440
Second well constructed in Alluvium				
# 8 Sand 3000 lbs				
Cement 37 94* Bags				
Kwik Plug Fine 53 50* Bags				
Kwik Plug Medium 25 50* Bags				
Kwik Plug Coarse 30 50* Bags				
page 2 of 2 Dual Completion Monitor				

8. WELL CONSTRUCTION
 Depth Drilled 2500 Feet Depth Cased 900 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
10"	0	80	80
9"	80	960	880
8 3/4"	960	1500	540

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10"		3/8 Steel	73	80
2 3/8"	3.8	156 Steel	73	840
2 7/8"	3.8	156 Steel	900	920

Perforations:
 Type perforation Horiz slot steel
 Size perforation .020

From 840 feet to 900 feet
 From 900 feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 50

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 830 feet to 900 feet

9. WATER LEVEL
 Static water level 464 feet below land surface
 Artesian flow Non G.P.M. _____ P.S.I. _____
 Water temperature Cold °F Quality _____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>3</u>	<u>N/A</u>	<u>20 hrs</u>

Date started 8-15, 2003
 Date completed 9-10, 2003

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 2740 Contractor
Elko Nevada 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 [Signature] By driller performing actual drilling on site or contractor
 Date 9-10-03