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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. 51147

1. OWNER Round Mt Gold Corp ADDRESS AT WELL LOCATION Gold Hill
 MAILING ADDRESS P.O. Box 480 CHA-03-04
Round Mt Nevada @9045
 2. LOCATION SE 1/4 SW 1/4 Sec 31 T. 11 N S 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
<u>Alluvium - Clays</u>		<u>0</u>	<u>380</u>	<u>380</u>
<u>Sand + Gravel</u>				
<u>Approx 20 GPM</u>	<u>Gravel</u>	<u>340</u>	<u>360</u>	
<u>1" sch 40 pvc Blank</u>		<u>+3</u>	<u>340</u>	
<u>1" sch 40 pvc Blank</u>		<u>360</u>	<u>380</u>	
<u>1" sch 40 pvc Screen .030</u>		<u>340</u>	<u>360</u>	
<u>37-50# Bags #8 Sand</u>		<u>320</u>	<u>380</u>	<u>50</u>
<u>1 1/4 - 2500# Bags Medium Hole plug</u>		<u>50</u>	<u>330</u>	<u>280</u>
<u>17- 74# Bags Cement</u>		<u>+3</u>	<u>50</u>	<u>33</u>

8. WELL CONSTRUCTION
 Depth Drilled 380 Feet Depth Cased 380 Feet
 HOLE DIAMETER (BIT SIZE)
 From 14 1/2 Inches To 20 Feet
 From 9 3/4 Inches To 380 Feet
 From _____ Inches To _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10</u>		<u>3/16 Steel</u>	<u>+3</u>	<u>20</u>
<u>4</u>	<u>sch 80</u>	<u>pvc</u>	<u>+3</u>	<u>340</u>
<u>4</u>	<u>sch 80</u>	<u>pvc</u>	<u>360</u>	<u>380</u>

Perforations:
 Type perforation Horz slot
 Size perforation .040
 From 340 feet to 360 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50 Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From 380 feet to 380 feet

9. WATER LEVEL
 Static water level 2.64 feet below land surface
 Artesian flow Non G.P.M. _____ P.S.I. _____
 Water temperature Cold °F Quality _____

Date started 11-25, 2003
 Date completed 12-4, 2003

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>00</u>	<u>N/A</u>	<u>24</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Ekland Drilling Co Inc Contractor
 Address P.O. Box 2748 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 1079
 Signed Bone Cliff
 By driller performing actual drilling on site or contractor
 Date 12-4-03