

PRINT OR TYPE ONLY
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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. 51148

1. OWNER Round Mt Gold Corp ADDRESS AT WELL LOCATION Gold Hill
MAILING ADDRESS P.O. Box 480 CHA-03-05
Round Mt Nevada 89045

2. LOCATION SW 1/4 SE 1/4 Sec 30 T 11 N 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
Alluvium		0	380	380
Redish Brown Clay Sands + Gravel				
Brown Coravel		380	420	40
Aprox 30 Gpm				
1" sch 40 pvc Blank		+3	380	
1" sch 40 pvc Screen		380	400	
1" sch 40 pvc Blank		400	420	
35-50# Bags #8 Sand		370	420	50
2-2500# Bags medium hole plug		370	320	
10-94# Bags Cement		+3	50	53

8. WELL CONSTRUCTION
Depth Drilled 420 Feet Depth Cased 420 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>14 1/2</u>	0	20		
<u>8 3/4</u>	20	420		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10</u>		<u>3/16</u>	<u>+3</u>	<u>20</u>
<u>4"</u>	<u>sch 80</u>	<u>PVC</u>	<u>+3</u>	<u>380</u>
<u>4"</u>	<u>sch 80</u>	<u>PVC</u>	<u>400</u>	<u>420</u>

Perforations:
Type perforation Horiz slot
Size perforation 200
From 380 feet to 400 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal 50 Cement Grout
Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
From 370 feet to 420 feet

Date started 12-4, 2003
Date completed 12-6, 2003

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>30</u>		<u>4</u>

9. WATER LEVEL
Static water level _____ feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °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 Elko 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 6030823
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1879
Signed B. [Signature]
By driller performing actual drilling on site or contractor
Date 12-6-03