

OFFICE USE ONLY
 Log No. 95446
 Permit No. _____
 Basin 137B

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 03196

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

2. LOCATION NE 1/4 NW 1/4 Sec. 8 T. 10 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	Thick-ness
ALLUVIUM		0'	50'	50'
CLAY		50'	60'	10'
ALLUVIUM		60'	140'	80'
CLAY ALLUVIUM MIX		140'	270'	130'
ALLUVIUM		270'	280'	10'
CLAY		280'	295'	15'
ALLUVIUM		295'	315'	20'
CLAY		315'	345'	30'
ALLUVIUM		345'	490'	145'
CLAY		490'	495'	5'
ALLUVIUM		495'	525'	30'
ALLUVIUM + CLAY MIX		525'	580'	55'

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
7 5/8 Inches 0 Feet 5.85 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		PVC SCH 40	0'	500'

Perforations:
 Type perforation Spot
 Size perforation 2"
 From 400 feet to 500 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From 400 feet to 500 feet

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.

Date started 9-14, 2004
 Date completed 9-21, 2004

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 type="checkbox"/> Air Lift				

Name UINC EXPLORATION WELLS Contractor
 Address 580 W SILVER STREET ELKO NV
89801 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0012852
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2111-T1
 Signed Val [Signature] By driller performing actual drilling on site or contractor
 Date _____