

Log No. 96997
 Permit No. _____
 Basin 132B

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. 55158

1. OWNER ROUND MOUNTAIN GOLD CORP. ADDRESS AT WELL LOCATION RM. 62
 MAILING ADDRESS P.O. BOX 480 ROUND MOUNTAIN NV.
ROUND MOUNTAIN NV. 89045
 2. LOCATION NW 1/4 SW 1/4 Sec 10-17 T 44 N/S R 44 E NYE County
 PERMIT NO. 72255T 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
<u>WELL# SDW-26</u>				
<u>ALLUV.</u>		<u>0'</u>	<u>70'</u>	<u>70'</u>
<u>VOLCANIC</u>		<u>70'</u>	<u>100'</u>	<u>30'</u>
<u>SUPER FLU9</u>		<u>70'</u>	<u>100'</u>	<u>30'</u>
<u>TRANS. SAND (60)</u>		<u>65'</u>	<u>70'</u>	<u>5'</u>
<u>1/4" SAND</u>		<u>40'</u>	<u>65'</u>	<u>25'</u>
<u>MED. BENTONITE CHIP</u>		<u>10'</u>	<u>40'</u>	<u>30'</u>
<u>NEAT CEMENT</u>		<u>0'</u>	<u>10'</u>	<u>10'</u>

8. WELL CONSTRUCTION
 Depth Drilled 100' Feet Depth Cased 100' Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 100'
10" Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>		<u>SC480</u>	<u>+2.5'</u>	<u>100'</u>

Perforations:
 Type perforation HORIZ. SLOT
 Size perforation .020
 From 45' feet to 65' feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 10' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 40' feet to 65' feet

9. WATER LEVEL
 Static water level 57.2' feet below land surface
 Artesian flow N/A 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 4-13, 2005
 Date completed 4-13, 2005

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>LESS THAN ONE G.P.M.</u>			

Name EKLUND DRILLING Contractor
 Address P.O. BOX 2748 Contractor
ELKO NV. 89803
 Nevada contractor's license number issued by the State Contractor's Board 30823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1698
 Signed Doug James James
 Driller performing actual drilling on site or contractor.
 Date 5-4-05