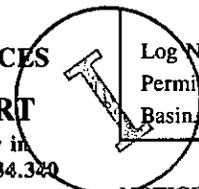


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

Log No. 96998
 Permit No. _____
 Basin 137B

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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 R.M.G.C.
 MAILING ADDRESS P.O. Box 480 ROUND MOUNTAIN NV.
 2. LOCATION NW 1/4 SW 1/4 Sec. 19 T. 10 N/S R. 49 E. 117E County
 PERMIT NO. 72256-T 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 # SRW 27</u>				
<u>ALLUV.</u>		<u>0'</u>	<u>85'</u>	<u>85'</u>
<u>VOLCANIC</u>		<u>85'</u>	<u>100'</u>	<u>15'</u>
<u>SUPER FLUO</u>		<u>85'</u>	<u>100'</u>	<u>15'</u>
<u>TRANS. SAND (60)</u>		<u>80'</u>	<u>85'</u>	<u>5'</u>
<u>1/4" SAND</u>		<u>30'</u>	<u>80'</u>	<u>50'</u>
<u>MED. GRANITIC CHIP</u>		<u>10'</u>	<u>30'</u>	<u>20'</u>
<u>NEPT 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 Feet To 100' Feet
 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>SCH 40</u>	<u>+2.5'</u>	<u>100'</u>

Perforations:
 Type perforation HORIZ. SLOT
 Size perforation .020
 From _____ feet to _____ feet
 From 40' feet to 80' 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 30' feet to 80' feet

9. WATER LEVEL
 Static water level 66.26' 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.
 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 Jay Jay Harris
 _____ driller performing actual drilling on site or contractor
 Date 5-4-05

Date started 4-19, 2005
 Date completed 4-19, 2005

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