

Log No. 97002
 Permit No. _____
 Basin. 137B

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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. 55159

1. OWNER ROUND MOUNTAIN GOLD CORP. ADDRESS AT WELL LOCATION R.M.G.C.
 MAILING ADDRESS P.O. BOX 480 ROUND MTN. NV.
ROUND MTN. NV. 89045

2. LOCATION NW 1/4 SW 1/4 Sec 19 T 10 N/S R. 44 E N4E County _____
 PERMIT NO. 72260-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	Thickness
<u>WELL # SDW-31</u>				
<u>ALLUV.</u>		<u>0</u>	<u>80'</u>	<u>80'</u>
<u>VOLCANIC</u>		<u>80'</u>	<u>100'</u>	<u>20'</u>
<u>SDW PLUG</u>		<u>80'</u>	<u>100'</u>	<u>20'</u>
<u>TRANS SAND (60)</u>		<u>75'</u>	<u>80'</u>	<u>5'</u>
<u>1/4" SAND</u>		<u>30'</u>	<u>75'</u>	<u>45'</u>
<u>MED. BENTONITE CHIP</u>		<u>10'</u>	<u>30'</u>	<u>20'</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 10' Inches To 0 Feet 100' 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>SC80</u>	<u>7.5'</u>	<u>100'</u>

Perforations:
 Type perforation HORIZ. SLOT
 Size perforation .020

From _____ feet to _____ feet
 From 35' feet to 75' feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 10'
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 30' feet to 75' feet

9. WATER LEVEL
 Static water level 62 feet below land surface
 Artesian flow N/A G.P.M. _____ P.S.I. _____
 Water temperature _____ °F Quality _____

Date started 4/21, 2005
 Date completed 4/21, 2005

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>LESS THAN ONE G.P.M.</u>		

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 Ray Jay Jarvis
 by driller performing actual drilling on site or contractor
 Date 8-04-05