

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 99642
 Permit No. _____
 Basin 137B
 NOTICE OF INTENT NO. 56366

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Round Mountain Gold Corporation DW-38R ADDRESS AT WELL LOCATION Round Mountain Gold minesite, Round Mountain, NV.
 MAILING ADDRESS P.O. Box 480 Round Mountain, NV 89045 GPS: _____
 2. LOCATION SW 1/4 NE 1/4 Sec 30 T 10 N R 44 E Nye County
 PERMIT NO. 73040-T N/A N/A
Issued by Water Resources APN 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
Poorly welded rhyolitic tuff		0	340	340
Moderately welded rhyolitic tuff		340	1010	670
Notes:				
Cement		0	50	
Hole Plug		50	340	
<i>Plugged by Well Log # 115230</i>				

8. WELL CONSTRUCTION
 Depth Drilled 1010 Feet Depth Cased 1000 Feet
 HOLE DIAMETER (BIT SIZE)

From	To
<u>26</u> Inches	<u>0</u> Feet <u>20</u> Feet
<u>19</u> Inches	<u>20</u> Feet <u>1010</u> Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>22</u>	<u>58.07</u>	<u>0.250</u>	<u>0</u>	<u>20</u>
<u>12.75</u>	<u>49.56</u>	<u>0.375</u>	<u>+2</u>	<u>1000</u>

Perforations:
 Type perforation Louvered
 Size perforation 0.125"
 From 500 feet to 1000 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal See Notes Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No 30% Grout
 From 340 feet to 1010 feet

9. WATER LEVEL
 Static water level 292 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 105 °F Quality Good

Date started 02/03, 20 06
 Date completed 02/22, 20 06

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>167</u>	<u>493</u>	<u>1</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Lang Exploratory Drilling (CONTRACTOR)
 Address P.O. Box 5279 (CONTRACTOR)
Elko, NV 89802-5279
 Nevada contractor's license number issued by the State Contractor's Board 0021976
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1366
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 02/28/06