

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

OFFICE USE ONLY
Log No. 115871
Permit No. _____
Basin 1348

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. 65607

1. OWNER Round Mountain Gold Co. ADDRESS AT WELL LOCATION Round Mountain Minesite
MAILING ADDRESS PO Box 480 Near Round Mountain NV
Round Mountain NV 89045 Subdivision Name: N/A County: NVE
2. LOCATION SE 1/4 NW 1/4 Sec 30 T 10 N R 44 E Latitude _____ UTM E 492317.8 NAD 27
PERMIT/WAIVER No. MVO 1797 Longitude _____ N 492555.1 NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other _____
4. PROPOSED USE Domestic Irrigation Test Monitor Stock
 Municipal/Industrial Monitor Stock
5. WELL TYPE Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Alluvium		0	325	325
Densely welded Tuff		325	684	359
Moderately welded Tuff		684	802	118
Poorly welded Tuff		802	898	96
TRANDUCER SET @ (765 FT)				
GP-12-2 (Per MVO-1797)				

9. WELL CONSTRUCTION
Depth Drilled 898 Feet Depth Cased 898 Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
3.380 HO Inches _____ Feet 898 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1</u>	<u>1402</u>	<u>SCH 80 : 179</u>	<u>0</u>	<u>898</u>

Perforations:
Type of perforation _____
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 10 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 10 to 898 Pumped Poured
Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 3-12, 20 12
Date completed: 3-17, 20 12

7. Water Level
Static water level: N/A feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

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

STATE ENGINEERS OFFICE
2012 APR 13 AM 11:03
RECEIVED

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name National EWP Contractor
Address 580 West Silver Street Contractor
EKO NV 89801
Nevada contractor's license number _____
issued by the State Contractor's Board 0075355
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2440
Signed _____
By driller performing actual drilling on-site or contractor
Date 3-25-2012

(Rev. 05-08) 38.699013
117.085613 NAD 27
(NSPO 3-08)

USE ADDITIONAL SHEETS IF NECESSARY