STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 120127
Permit No.
Basin 137B

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **70650**

1. OWNER **Round Mountain Gold Corp** **HD-14-2A**
MAILING ADDRESS **P.O. Box 480**
Round Mountain, NV. 89045

ADDRESS AT WELL LOCATION **Round Mountain Mine, Round Mountain, NV.**
Subdivision Name: *County:* **Nye**

2. LOCATION **NW¼NE¼ Sec30T10N/ R44E**
PERMIT/WAIVER NO. **M/O-1918** *Issued by Water Resources* Parcel. No.

Latitude Longitude
UTM E **493134** N **4283317** ☒ NAD 27 ☐ NAD 83/WGS 84

3. WORK PERFORMED
☒ New Well ☐ Replace ☐ Recondition
☐ Deepen ☐ 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
Dark Grey Rock		0	350	350
Light Grey Rock		350	400	50
White Rock		400	520	120
Grey Rock		520	660	140
Grey Rock		660	800	140

Nad 27
38.703390N
117.078958°W

Date started: **March 21**, 20 **14**
Date completed: **March 23**, 20 **14**

9. *WELL CONSTRUCTION*
Depth Drilled **800** Feet Depth Cased **800** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
8.75 Inches	**0** Feet	**20** Feet
5.5 Inches	**20** Feet	**800** Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1.9		**.200**	**0**	**20**

Perforations:
Type of perforation **Slotted**
Size of perforation **.020**
From **20** feet to **800** feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☒ Yes ☐ No
☒ Neat Cement 0 to 20 ☒ Pumped ☐ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☐ ≥30% Bentonite Grout to ☐ Pumped ☐ Poured
Gravel Pack: ☐ Yes ☒ No to ☐ Pumped ☐ Poured
Type:
Bentonite Chips: ☐ Yes ☒ No to ☐ Pumped ☐ Poured
Type:

7. *Water Level*
Static water level: **260** feet below land surface
Artesian Flow: **N/A** G.P.M. **10** P.S.I
Water Temperature: °F
Quality: **N/A**

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
N/A		**N/A**

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **Boart Longyear** (CONTRACTOR)
Address **2745 California Ave.** (CONTRACTOR)
SLC., UT. 84104
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* **2462**
Signed
By driller performing actual drilling on site or contractor
Date **April 2, 2014**

(Rev 05-06) USE ADDITIONAL SHEETS IF NECESSARY

Forms Provided by Forms-On-A-Disk · (214) 340-9429 · FormsOnADisk.com