WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

MW 96-4

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 8370
Permit No.
Basin 157

NOTICE OF INTENT NO. 75092

1. OWNER Round Mountain Gold Corporation
MAILING ADDRESS P.O. Box 480
Round Mountain Nevada 89045

ADDRESS AT WELL LOCATION Round Mountain Gold Corporation Pit

2. LOCATION SE ¼ SE ¼ Sec. 24 T 10 N/S R 43 E Nye County

PERMIT NO. | 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
Pumped Grout				
From 700' to Surface				
Triped Out Trimie				
Put 20' Cement				
Seal				

Date started 12-4, 2000
Date completed 12-6, 2000

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

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased 700 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
____ 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)
5 5/8"		3/16 Wall	+1'	50'
2"		Sch 40	+1	700

Perforations:
Type perforation Milled
Size perforation 3" x 1/8"
From 385 feet to 700 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☒ Yes ☐ No
Depth of Seal 20'
Placement Method: ☐ Pumped ☒ Poured
Seal Type: ☒ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 438' feet below land surface
Artesian flow ____ 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 Co. (Contractor)
Address P.O. Box 2748 (Contractor)
Elko Nevada 89803
Nevada contractor's license number issued by the State Contractor's Board 0030823
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1786
Signed Craig Dines (By driller performing actual drilling on site or contractor)
Date 12-6-00

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627