STATE OF NEVADA
DIVISION OF MINERALS

DISSOLVED MINERAL RESOURCE EXPLORATION WELL DRILLER'S REPORT

Report #:_____
For Division Use Only

PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NAC 534B

PRIVATE LEASE ☐ *Yes* ☐ *No*
BLM NOTICE NO._____
WELL NAME/NUMBER:

1. OPERATOR NAME _____
MAILING ADDRESS _____

HYDROLOGIC BASIN NAME AND NUMBER: _____
COUNTY _____

2. PLSS LOCATION _____1/4 _____1/4 Section_____
Township _____ ☐N ☐S Range _____ E

Latitude _____ UTM N _____ ☐ NAD 83
Longitude _____ UTM E _____ ☐ WGS 84

3. NDOM PERMIT NUMBER

4. BLOWOUT PREVENTION EQUIPMENT
Type: ☐ Not Required ☐ Annular ☐ Blind ☐ Pipe
Rating: ☐ 2M ☐ 3M ☐ 5M
Size: Surface_____ Intermediate_____

5. RIG TYPE
☐ Core ☐ Rotary ☐ RVC
☐ Air ☐ Mud ☐ Sonic
☐ Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To

Date started: _____ 20 ____
Date completed: 20

8. *WELL CONSTRUCTION*
Depth Drilled: Feet Depth Cased To: 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/Grade (Inches)	From (Feet)	To (Feet)

ANNULAR SEALS
Minimum of 50 feet of surface seal and 2 inch annual space required

☐ Neat Cement	_____	to	_____	☐ Pumped	☐ Poured
☐ Cement Grout	_____	to	_____	☐ Pumped	☐ Poured
☐ Bentonite Grout	_____	to	_____	☐ Pumped	☐ Poured
☐ Bentonite Chips	_____	to	_____	☐ Pumped	☐ Poured
☐ Gravel Pack [> 0.2 in.]	_____	to	_____	☐ Pumped	☐ Poured
☐ Sand Pack [< 0.2 in.]	_____	to	_____	☐ Pumped	☐ Poured
☐ Other, explain:	_____	to	_____	☐ Pumped	☐ Poured

PERFORATIONS:
Type of perforation: _____
Size of perforation: _____

From	_____	Feet	To	_____	Feet
From	_____	Feet	To	_____	Feet
From	_____	Feet	To	_____	Feet
From	_____	Feet	To	_____	Feet
From		Feet	To		Feet

7. *WATER DATA*
Static water level: _____ Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Max Temperature: _____ º Fahrenheit

DATE RECEIVED: _____

DATE ENTERED: _____

FOR DIVISION USE ONLY

9. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.

Name _____
Contractor
Address _____
Contractor
Phone _____
Nevada contractor's license number
as issued by the *State Contractor's Board:* _____
Nevada well driller's license number as issued by the
Nevada Division of Water Resources (on-site driller): _____

Signed: _____
By driller performing actual drilling on site
Date:

USE ADDITIONAL SHEETS IF NECESSARY pg.____ of pg.____