



STATE OF NEVADA
 COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89703
 (775) 684-7040 | Fax (775) 684-7052
<http://minerals.nv.gov>

DISSOLVED MINERAL RESOURCE EXPLORATION BOPE TEST FORM

FOR DIVISION USE ONLY

Operator: _____ Date: _____

Well Name: _____ Project: _____

NDOM Permit/NOI #: _____ Drilling Contractor: _____

Coordinates: _____ E Elevation: _____

(NAD83/WGS84) _____ N BLM NVN No: _____

BOPE test requirements for the _____ must be met and confirmed with NDOM before proceeding.

NDOM Requirements:

NDOM Signature _____

TO BE COMPLETED BY OPERATOR

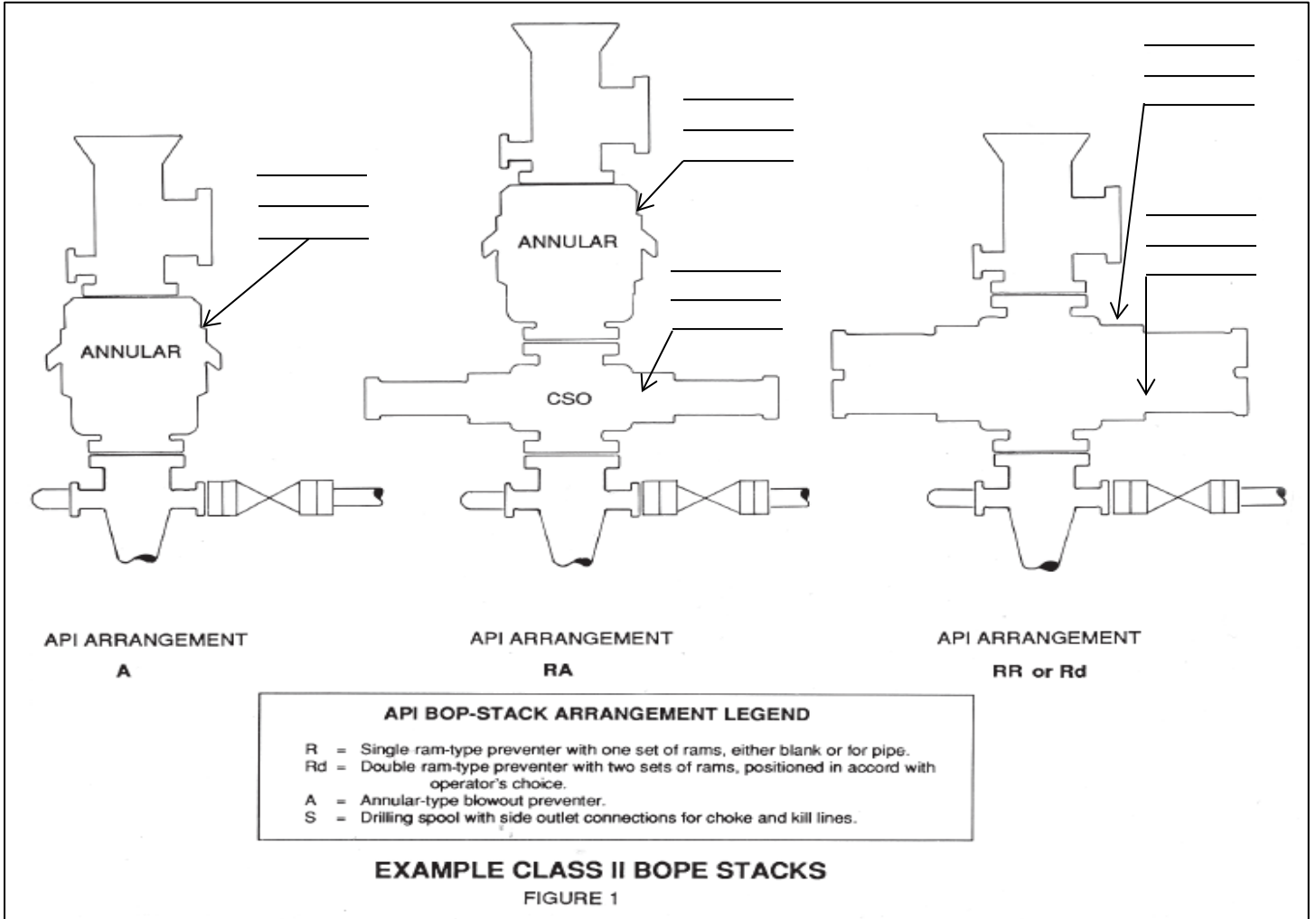
Annular				% Lost				
Test # 1	_____	psi start	_____	psi end	_____	Time:	_____	Duration: _____
Test # 2	_____	psi start	_____	psi end	_____	Time:	_____	Duration: _____
Test # 3	_____	psi start	_____	psi end	_____	Time:	_____	Duration: _____
Blind Ram				% Lost				
Test # 1	_____	psi start	_____	psi end	_____	Time:	_____	Duration: _____
Test # 2	_____	psi start	_____	psi end	_____	Time:	_____	Duration: _____
Test # 3	_____	psi start	_____	psi end	_____	Time:	_____	Duration: _____
Pipe Ram				% Lost				
Test #1	_____	psi start	_____	psi end	_____	Time:	_____	Duration: _____
Test # 2	_____	psi start	_____	psi end	_____	Time:	_____	Duration: _____
Test # 3	_____	psi start	_____	psi end	_____	Time:	_____	Duration: _____

Test Picture 1) Pressure Gauge Picture # 1 of starting pressure for each test; Number of Pictures: _____

Test Picture 2) Pressure Gauge Picture # 2 of ending pressure for each test ; Number of Pictures: _____

Operator Description of Tests:

Record the passing test number, the passing test pressure, and the duration tested with the appropriate equipment.



Explanation of Variance from NDOM Requirements: (Operator must receive written or verbal confirmation from NDOM before altering tests).

Pressure Curves for each test collected and submitted to NDOM upon conclusion of the final passing test and before drilling out the shoe.

Test Verified by (name & title): _____

Signature: _____

Date: _____