



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>

Date Received _____
County _____
NDOM Permit Number _____ FOR DIVISION USE ONLY

DISSOLVED MINERAL RESOURCE EXPLORATION WELL PERMIT APPLICATION

Applicant/Operator Name: _____
 Street Address: _____
 City: _____ State/Prov.: _____
 Country: _____ Zip Code: _____

hereby makes application for a dissolved mineral resource exploration well permit.

(if applicant is a corporation, show state and date of incorporation; if a partnership, list names of partners.)

Well Name _____

This application is for a: New Exploration Well Borehole to Well Conversion
 Permit Extension (NDOM Permit # _____) (Indicate below any changes to original permit)

Permit Extension Reason: _____

Applicant is: Land Owner Lease/Claim Holder

Land Status (choose one):

Federal (BLM, USFS, etc...)

Mining Claim: NMC# _____

Project Name: _____ NVN# _____

Non Federal

APN#: _____ Land Owner: _____

Bond Type: _____ Issued by: _____

Amount: _____ Number: _____

Groundwater Basin Name and Number

Area With Limitations?

	<input type="checkbox"/> Y	<input type="checkbox"/> N
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(Well proposed to be drilled within areas with limitations may require Blowout Prevention Equipment, per NAC 534B)

Location of Well:

County: _____

_____ ¼ of the _____ ¼ of _____ Sec., Township _____ N S, Range _____ E

UTM East: _____	or Longitude: _____
UTM North: _____	Latitude: _____
<input type="checkbox"/> NAD83	<input type="checkbox"/> WGS84
<i>M.D.B. & M.</i>	

Drilling Contractor (if known): _____

Address: _____

City, State Zip: _____

Purpose of Well: _____

Drill Rig Type: _____

Surface Hole Diameter: _____ Casing Size/Length: _____

Expected Total Depth: _____ Casing Weight/Gauge: _____

Casing Schedule/Grade _____

Blowout Prevention Equipment Rating: None 2000 psi 3000 psi 5000 psi

Fluid Management Plan (NAC 534B):

(Describe Here or Attach Additional Pages)

Contamination Prevention/Cementing Plan (NAC 534B):

(Describe Here or Attach Additional Pages, must include Well Schematic)

Flow Monitoring and Plugging Plan (NAC 534B):

(Describe Here or Attach Additional Pages)

Drilling will commence approximately on: _____

Signature of Applicant/Agent: _____

Printed Name/Title: _____

Date: _____

An application submitted without a signature and date will not be considered for approval.

-----Attach \$1,000.00 Application Fee Per NAC 534B-----

----- TO BE COMPLETED BY DIVISION -----

CONDITIONS OF PERMIT

1. All permittees must comply with appropriate sections of the Dissolved Mineral Resource Regulations of the Division of Minerals and with applicable rules and regulations of state and federal agencies.
2. For a well located on non-federal land, a bond in an amount determined by the Division to be necessary to properly plug the well in accordance with NAC 534B must be included.
3. Well Permit Expires two (2) years from date of approval.
4. See attached Conditions of Approval.
5. Send any required reports to: ndom@minerals.nv.gov
6. Additional Conditions/Comments

A.	
B.	
C.	

This permit does not extend the permittee the right of ingress and egress on public, private or corporate lands.

The issuance of this permit does not waive the requirements that the permit holder obtain other permits from State, Federal, and local agencies.

PERMIT APPROVAL

Approved _____ with the conditions noted above.
Date

Permit Number _____

Administrator
Division of Minerals