

STATE OF NEVADA  
ON MINERAL  
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:
Approved By:
Date Approved:

**NOTICE OF INTENT TO DRILL  
DISSOLVED MINERAL RESOURCE EXPLORATION BOREHOLE**

Note: one form per borehole, to be submitted at least five (5) business days prior to drilling

Today's Date: \_\_\_\_\_ Intended Start Date: \_\_\_\_\_

Company (Operator) Name: \_\_\_\_\_

Company (Operator) Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Hydrologic Basin Name and Number: \_\_\_\_\_

Bureau of Land Management NVN Number \_\_\_\_\_

or

Location on private land

Land owner's name: \_\_\_\_\_

Address or APN Number: \_\_\_\_\_

Drilling Method:  Mud Rotary  Rev Circ  Air  Core  
 Sonic  Other: \_\_\_\_\_

Diameter: \_\_\_\_\_ in Anticipated Final Depth: \_\_\_\_\_

Location: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 , Sec \_\_\_\_\_ T \_\_\_\_\_  N  S R \_\_\_\_\_ E

County: \_\_\_\_\_

Global Positioning System (GPS) coordinates and datum for borehole:

Universal Transverse Mercator (UTM)

Geographic Coordinate System

UTM East: \_\_\_\_\_ or Longitude: \_\_\_\_\_

UTM North: \_\_\_\_\_ Latitude: \_\_\_\_\_

NAD 83  WGS 84

Drilling Company Name: \_\_\_\_\_

On-site Driller's Name: \_\_\_\_\_

On-site Driller's License Number: \_\_\_\_\_

**Submit completed form to: [lprice@minerals.nv.gov](mailto:lprice@minerals.nv.gov) and [cbrailo@minerals.nv.gov](mailto:cbrailo@minerals.nv.gov)**

STATE OF NEVADA  
DIVISION OF MINERALS  
**BOREHOLE OR WELL DRILLER'S PLUGGING REPORT**

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

*Please complete this form in its entirety in  
accordance with NAC 534.4371 or NAC 507.240*

1 OPERATOR ..... WELL NAME (if applicable): .....  
MAILING ADDRESS ..... PROJECT NAME: .....  
COUNTY ..... Federal - BLM NVN# .....

2 LOCATION 1/4 of the 1/4, Sec T  N  S, R E Latitude UTM E  NAD83  
NDOM PERMIT No. (If app): ..... Longitude N  WGS84

3 **EXISTING BOREHOLE/WELL CONSTRUCTION**  
Depth Drilled ..... Feet Depth Cased ..... Feet

4 **WATER LEVEL**  
Static water level ..... feet below land surface  
Artesian Flow ..... G.P.M. P.S.I.  
Water Temperature ..... °F

5 **BOREHOLE/WELL PLUGGING MATERIALS**

Material Used	From	.....	feet to	.....	feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Material Used	From	.....	feet to	.....	feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Material Used	From	.....	feet to	.....	feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Material Used	From	.....	feet to	.....	feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Material Used	From	.....	feet to	.....	feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Neat Cement Fluid Weight	lbs/gal	.....					
Benonite Grout	% bentonite	.....					

**NEXT SECTION TO BE COMPLETED IN CASE OF WELL PLUGGING ONLY - FOR BOREHOLES SKIP TO SECTION 7**

6 **WELL PLUGGING PROCEDURE**  
Was well cleaned out to total depth?  yes  no  
If well was not cleaned out to total depth please explain why: .....  
.....  
.....  
Was the casing pulled?  yes  no If pulled from: ..... feet to ..... feet  
Was the casing over drilled?  yes  no

**EXISTING CASING SCHEDULE**

Material Used	Size O.D.	Wt/Ft	Wall Thickness	From	To
.....	..... (Inches)	..... (Pounds)	..... (Inches)	..... (Feet)	..... (Feet)
.....	..... (Inches)	..... (Pounds)	..... (Inches)	..... (Feet)	..... (Feet)
.....	..... (Inches)	..... (Pounds)	..... (Inches)	..... (Feet)	..... (Feet)

Existing Perforations:

From	.....	feet to	.....	feet
From	.....	feet to	.....	feet
From	.....	feet to	.....	feet
From	.....	feet to	.....	feet
From	.....	feet to	.....	feet
From	.....	feet to	.....	feet
From	.....	feet to	.....	feet
From	.....	feet to	.....	feet
From	.....	feet to	.....	feet

7 Additional Notes or Comments .....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

8 Date Started ..... Date Completed .....

9 **DRILLER'S CERTIFICATION**

This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.

Name ..... Contractor  
Address ..... Contractor  
Phone .....

Nevada contractor's license number issued by the State Contractor's Board .....

Nevada driller's license number issued by the Division of Water Resources, the on-site driller .....

Signed .....  
by driller performing actual drilling on site or contractor

Date .....

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Date Received _____
County _____
Permit Number _____
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**DISSOLVED MINERAL RESOURCE EXPLORATION WELL PERMIT APPLICATION**

Name or Corporate/Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Corp/entity number issued by Nevada Secretary of State: \_\_\_\_\_

This application is for a  Exploration well  Permit extension (Permit # \_\_\_\_\_ )  
(Indicate below any changes to original permit)

Applicant is:  Land Owner  Lease/Claim Holder

Land Status:

Federal (BLM, USFS, etc...)

Mining Claim: NMC# \_\_\_\_\_ Project Name and NVN: \_\_\_\_\_ NVN# \_\_\_\_\_

Non Federal Official affidavit recognizing the commitment to plug and abandon well must be attached.

APN#: \_\_\_\_\_ Land Owner: \_\_\_\_\_

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 NAC507.150)

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	M.D.B. & M.	

Operator's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

Drilling Contractor's Name: \_\_\_\_\_  
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 507.140(4)):

(Describe Here or Attach Additional Pages)

Contamination Prevention/Cementing Plan (NAC 507.140(5)):

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

Well Monitoring and Plugging Plan (NAC 507.140(6)):

(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 the required fee per NAC 507.160.

**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. All wells situated on private land require the submission of the Affidavit of Requirement to Plug Exploration Well (NAC 507.140).
3. Well Permit Expires two (2) years from date of approval.
4. See attached Conditions of Approval.
5. Send any required reports to:
 

Lowell Price.....	<a href="mailto:lprice@minerals.nv.gov">lprice@minerals.nv.gov</a>
and	
Courtney Brailo.....	<a href="mailto:cbrailo@minerals.nv.gov">cbrailo@minerals.nv.gov</a>
6. Additional Conditions/Comments


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.

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**PERMIT APPROVAL**

Approved \_\_\_\_\_ with the conditions noted above.  
Date

Permit Number \_\_\_\_\_

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Administrator  
Division of Minerals

Permit # \_\_\_\_\_

**NEVADA DIVISION OF MINERALS**  
**AFFIDAVIT OF REQUIREMENT TO PLUG**  
**DISSOLVED MINERAL RESOURCE EXPLORATION WELL ON**  
**PRIVATE PROPERTY**

State of Nevada

County of \_\_\_\_\_

1. I, [Name & Title Company, Address, Telephone Number] am the owner of the real property located at:  
[Legal description of Property]

Situated within the \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ Section \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ E, M.D.B. & M.

Latitude (N): \_\_\_\_\_ UTM (m) E: \_\_\_\_\_ Datum

Longitude (W): \_\_\_\_\_ *or* UTM (m) N: \_\_\_\_\_

2. I have authorized a dissolved mineral resource exploration well to be drilled on my property by [Operator].

3. I fully understand that I shall be jointly responsible for properly plugging the wells in accordance with the provisions contained in Nevada Administrative Code (NAC) 507.240, **not later than sixty days before the date when the associated well permit expires.**

4. I understand that the costs of plugging can be significant.

5. If I sell or otherwise dispose of the property, this requirement will run with the land and I shall make any purchaser of this parcel aware of this obligation.

I declare under penalty of perjury that the foregoing is true and correct.

Property owner

(Printed Name): \_\_\_\_\_ (Signature): \_\_\_\_\_

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**BOPE TEST FORM - DISSOLVED MINERAL RESOURCES**

Operator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Well Name: \_\_\_\_\_ Project: \_\_\_\_\_  
 Drilling \_\_\_\_\_  
 Permit #: \_\_\_\_\_ Contractor: \_\_\_\_\_  
 Coordinates: \_\_\_\_\_ Elevation: \_\_\_\_\_  
 (NAD83/WGS84) \_\_\_\_\_ BLM NVN No: \_\_\_\_\_

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

**NDOM Requirements:**

NDOM Signature \_\_\_\_\_

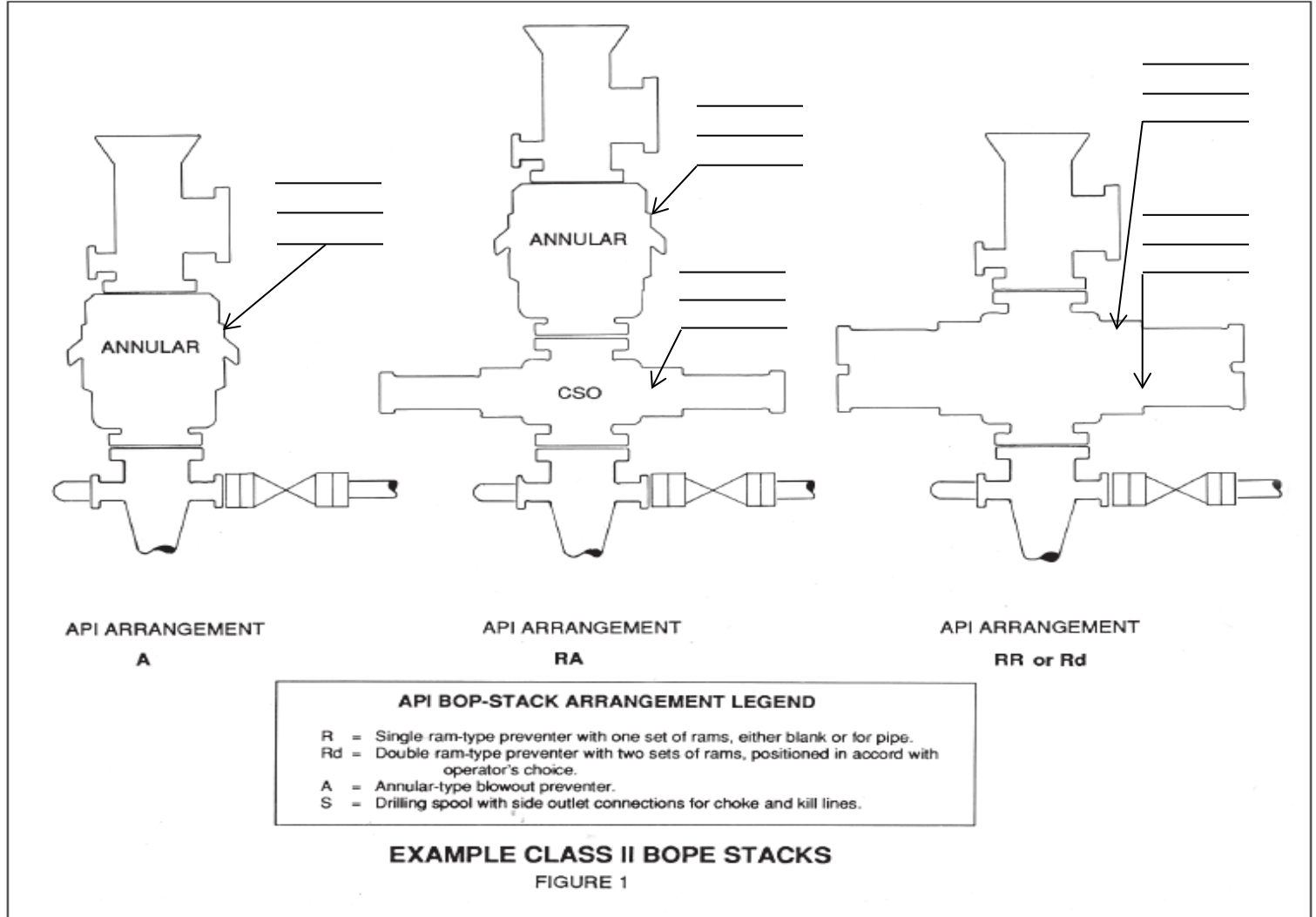
<b>Annular</b>				% Lost				
Test # 1		psi start		psi end	#DIV/0!	Time:		Duration:
Test # 2		psi start		psi end	#DIV/0!	Time:		Duration:
Test # 3		psi start		psi end	#DIV/0!	Time:		Duration:
<b>Blind Ram</b>				% Lost				
Test # 1		psi start		psi end	#DIV/0!	Time:		Duration:
Test # 2		psi start		psi end	#DIV/0!	Time:		Duration:
Test # 3		psi start		psi end	#DIV/0!	Time:		Duration:
<b>Pipe Ram</b>				% Lost				
Test #1		psi start		psi end	#DIV/0!	Time:		Duration:
Test # 2		psi start		psi end	#DIV/0!	Time:		Duration:
Test # 3		psi start		psi end	#DIV/0!	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 conformation 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: \_\_\_\_\_



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**DISSOLVED MINERAL RESOURCE  
 EXPLORATION WELL DRILLER'S REPORT**

PRINT OR TYPE IN BLACK INK ONLY  
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Please complete this form in its entirety in  
 accordance with NAC 507.230(2)

PRIVATE LEASE  Yes  No  
 BLM NOTICE NO. \_\_\_\_\_  
 WELL NAME/NUMBER: \_\_\_\_\_

1. OPERATOR NAME \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_

HYDROLOGIC BASIN NAME AND NUMBER: \_\_\_\_\_  
 COUNTY \_\_\_\_\_

2. PLSS LOCATION  $\frac{1}{4}$   $\frac{1}{4}$  Sec  
 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

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

Date started: \_\_\_\_\_, 20\_\_\_\_  
 Date completed: \_\_\_\_\_, 20\_\_\_\_

7. WATER DATA  
 Static water level: \_\_\_\_\_ Feet below land surface  
 Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water Max Temperature: \_\_\_\_\_ ° 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 or contractor*

Date: \_\_\_\_\_

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**MONTHLY FLOW REPORT FOR DISSOLVED MINERAL RESOURCE EXPLORATION WELL**

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, Zip \_\_\_\_\_  
 Well Name \_\_\_\_\_  
 NDOM Permit Number \_\_\_\_\_  
 Project Name/BLM NVN# \_\_\_\_\_  
 Reporting month/year \_\_\_\_\_

Flow volume information must be provided to the Division of Minerals on a monthly basis until the permitted well has been plugged in accordance with Nevada Administrative Code (NAC) 507.230. Reports must be submitted within one month from the end permanently

<b>Flow Meter Specifications</b>	
Date of Installation: _____	<input type="checkbox"/> Check if Replacement
Flow Meter Serial No. _____	Units: <input type="checkbox"/> Gallons <input type="checkbox"/> Acre Feet
Model _____	Initial Reading: _____
Manufacturer _____	Diameter: _____

Date	Reading	Net	Cumulative for Well

Name of Reporting Company Representative: \_\_\_\_\_

Date of Report: \_\_\_\_\_