

STATE OF NEVADA
COMMISSION
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) 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 (inches): _____ Anticipated Final Depth (feet): _____

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 (decimal degrees)

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 and 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 507.130 or NAC 507.240*

Borehole:
Well:

1 OPERATOR _____ BOREHOLE OR WELL NAME: _____
MAILING ADDRESS _____ PROJECT NAME: _____
COUNTY _____ Federal - BLM NVN# _____

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

3 EXISTING BOREHOLE OR WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased _____ Feet (well only)

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
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

7 Additional Notes or Comments _____

8 Date Started _____ Date Completed _____

9 DRILLER'S CERTIFICATION

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

Name _____ Contractor

Address _____ Contractor

Phone _____ Contractor

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 plugging on site

Date _____

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

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: New Exploration Well Borehole to Well Conversion
 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: _____ NVN# _____

Non Federal
 APN#: _____ Land Owner: _____

Bond Type: _____ Issued by: _____ Amount: _____ Serial #: _____

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 <i>M.D.B. & M.</i>		

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. 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 507.240 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: Lowell Price..... lprice@minerals.nv.gov
and
Courtney Brailo..... cbrailo@minerals.nv.gov
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.

PERMIT APPROVAL

Approved _____ with the conditions noted above.
Date

Permit Number _____

Administrator
Division of Minerals

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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 _____

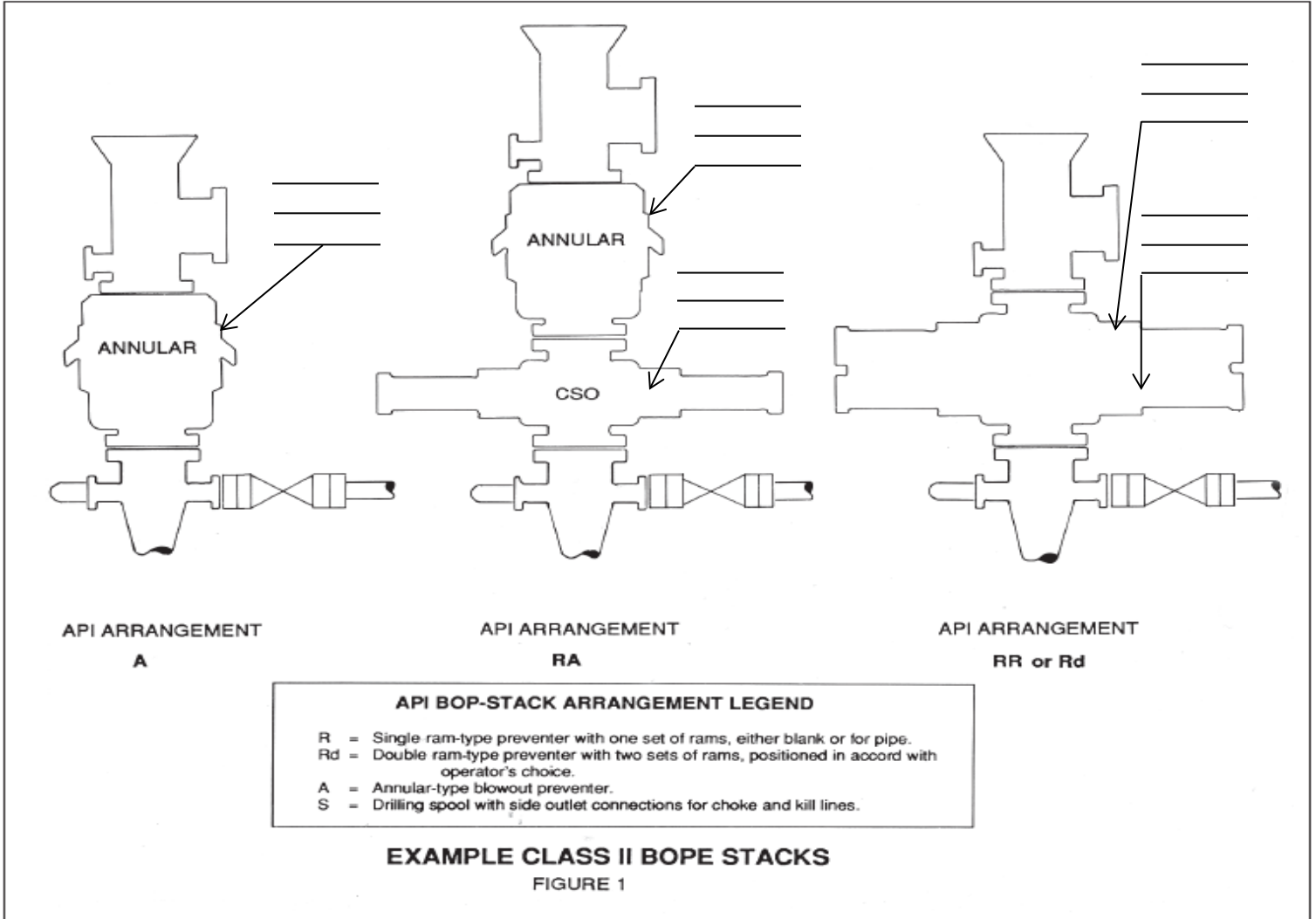
Annular				% Lost			
Test # 1	psi start		psi end	#DIV/0!	Time:		Duration:
Test # 2	psi start		psi end	#DIV/0!	Time:		Duration:
Test # 3	psi start		psi end	#DIV/0!	Time:		Duration:
Blind Ram				% Lost			
Test # 1	psi start		psi end	#DIV/0!	Time:		Duration:
Test # 2	psi start		psi end	#DIV/0!	Time:		Duration:
Test # 3	psi start		psi end	#DIV/0!	Time:		Duration:
Pipe Ram				% 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 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: _____

