

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>

GEOHERMAL WELL COMPLETION REPORT

To be filed not later than 30 days after well is abandoned or put on production

Company/Operator _____

Lease name _____

Well Location

Well No. _____ within the _____ 1/4 _____ 1/4

Sec _____, T. _____, R. _____ M.D.B.M.

UTM Northing _____ N; UTM Easting _____ E (NAD83 Datum)

Field _____,

County _____ Permit Number _____

Drilling Commenced _____ Completed _____

Type of Drilling Equipment Used _____

Drilling Contractor _____

Address _____

Section _____

Total Depth of Well _____ Type of Well _____

The elevation is _____ feet above sea level.

GEOHERMAL ZONES

- | | | | | |
|----|-----------|--------------|----------------|----------------|
| 1. | Top _____ | Bottom _____ | Temp. _____ °F | Flow _____ gpm |
| 2. | Top _____ | Bottom _____ | Temp. _____ °F | Flow _____ gpm |
| 3. | Top _____ | Bottom _____ | Temp. _____ °F | Flow _____ gpm |

IMPORTANT WATER ZONES

- | | | | | |
|----|-----------|--------------|-------------------------|----------------|
| 1. | Top _____ | Bottom _____ | Depth Encountered _____ | Flow _____ gpm |
| 2. | Top _____ | Bottom _____ | Depth Encountered _____ | Flow _____ gpm |
| 3. | Top _____ | Bottom _____ | Depth Encountered _____ | Flow _____ gpm |

CASING RECORD

Size	Weight per foot	Make	Amount Set	Shoe	Perforated		Open Hole		Type Casing
					From	To	From	To	

**GEOTHERMAL WELL COMPLETION REPORT
PAGE 2**

CEMENTING RECORD

Size of Hole	Size of Casing	Where Set	No. Sacks of Cement	or	Cubic Yards of Concrete	Additives
1.						
2.						
3.						

RECORD OF TESTS PERFORMED

Attach separate reports detailing data collected and results of any flow tests, injection tests, chemical treatment, integrity tests or other related procedures. Include data, duration of test, flow (injection rates) and type of equipment or products used.

PRODUCTION

Put on production _____, 20 _____. Time: _____

FOR FLOWING WELL:

Flowing pressure on casing _____ lbs/sq.in.
 Flowing pressure on tubing _____ lbs/sq.in.
 Size of tubing _____ Intervals _____
 Size of choke _____ tested: _____

FOR PUMPING WELL:

Pump Pressure _____ psi. Rate _____ gpm
 Depth of Pump _____ Type _____

RECORD OF LOGS

Type of Survey	Top	Bottom	Date	Company
1.				
2.				
3.				
4.				
5.				
6.				

Attach to this record two (2) copies of all formational, electrical and radioactivity logs and deviation surveys.

I hereby certify that the information given herewith is true, correct and complete record of this well and all work done on it so far as can be determined from the available records.

Name _____
 Position _____
 Company or Operator _____
 Address _____
 City _____ State _____ Zip Code _____