

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

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

GEOHERMAL INJECTION WELL PERMIT APPLICATION

The applicant

Name (or Corporate/Business Name)
of
Street Address _____
City _____ State _____ Zip Code _____
Telephone _____
Email _____

hereby makes application for a geothermal development permit, State of Nevada, Division of Minerals.

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

Applicant is: Land Owner Lease Holder
Well Name: _____
Lease Name/No: _____ Split Estate? Yes No
Land Type: Federal (BLM, USFS, etc.) Private State
Type and Amount of Bond: _____
(Exempt for Domestic Class)

Bond Issued by: _____
Serial No. _____

Well Location: _____ 1/4, _____ 1/4, Section _____,

Township _____, Range _____, County _____.

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

Operator's:
Name: _____
Address: _____
City, St Zip: _____

Drilling Contractor's:

Name: _____

Address: _____

City, St Zip: _____

Telephone: _____

Hole Size: _____ Casing Size: _____ Weight/Gauge: _____

Size of BOP: 2000 psi 3000 psi 5000 psi

Rotary Description:

Identify or locate the sources of the fluids which will be injected:

Estimated average daily volume of fluids injected _____ gallons.

Maximum daily volume of fluids injected _____ gallons.

Estimated maximum injected pressure _____ psi, temperature _____ °F

List proposed metering equipment, pipelines and safety devices that will be used to prevent accidental pollution:

Total Depth to be Drilled: _____

Drilling will Commence On: _____

Is this well location under an Underground Injection Permit?

If so, provide NDEP Permit number UNEV _____

I certify this information to be true, correct, and complete and that no pertinent matter inquired about in this application has been omitted.

Signature of Applicant/Agent: _____

Date: _____

Please attach a detailed drilling program including the following information:

1. Well design schematic; casing and mud programs; potential water supply; drilling rig to be used and pad layout; blow out prevention equipment diagram and testing program; directional drilling information if applicable; map of location and access roads. Additional information may be required upon review.
2. The required fee per NAC 534A 210 or 534A.212.

CONDITIONS OF PERMIT

1. All permittees must comply with appropriate sections of the Geothermal Rules and Regulations of the Division of Minerals and with applicable rules and regulations of other local, state, and federal agencies.
2. During the drilling of geothermal injection wells, all water strata above the geothermal horizon being used must be sealed or separated in order to prevent their contents from passing into other strata.
3. All fresh water and water of value or possible value for other beneficial uses must be confined to their respective strata and be adequately protected by methods approved by the Division. Precautions must be taken in drilling and abandoning wells to guard against any loss of fresh water from the strata in which it occurs, and the contamination of any fresh water by objectionable water.
4. The operator of any well must shut off and exclude all water from any geothermal resource-bearing stratum to the satisfaction of the Division.
5. See attached Conditions of Approval.
6. Please send daily drilling reports to : Lowell Price.....lprice@govmail.state.nv.us
and
Lindalwells@govmail.state.nv.us
7. 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