

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 _____
Project Area Permit Number _____ FOR DIVISION USE ONLY

**GEOHERMAL PROJECT AREA PERMIT APPLICATION**

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

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

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

Telephone \_\_\_\_\_

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.)

This application is for (number):	_____ production wells	Estimated total depth of production wells: _____
	_____ injection wells	Estimated total depth of injection wells: _____
	_____ observation wells	Estimated total depth of observation wells: _____

Purpose of Wells:

Project Area or Unit Name:

Description of Project Area by Section, Township, and Range (a map of the project area must be included with the application):

Applicant is:  Land Owner     Lease Holder  
Lease Name: \_\_\_\_\_ Split Estate?     Yes     No  
Land Owner Name: \_\_\_\_\_  
Geothermal Resource Owner Name: \_\_\_\_\_

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

Drilling Contractor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Drilling Program - attach sample drilling program(s) which must include rotary rig description, casing program, and equipment for the prevention of a blowout.

Planned Use of Geothermal Resource:

Planned Disposal of Spent Geothermal Fluid:

Bond Type:	BLM Bond	State Bond
Bond Amount:		
Bond Number:		
Issued By Name (bank, surety, etc.):		
Issued By CD Number or Account Number:		

The Source of the Proposed Geothermal Resource is: \_\_\_\_\_  
(List name of hot spring, geologic formation(s) or other source.)

Drilling will Begin On or Before: \_\_\_\_\_

Signature of Applicant/Agent: \_\_\_\_\_  
Printed Name of Applicant/Agent: \_\_\_\_\_  
Date: \_\_\_\_\_

**\*\*\*\*\* Please enclose the \$500.00 fee along with this application\*\*\*\*\***

**PERMIT APPROVAL**

Approved \_\_\_\_\_ with the conditions attached and made a part of the permit.  
Date

Project Area Permit Number \_\_\_\_\_

\_\_\_\_\_  
Administrator  
Division of Minerals