

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

**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. \_\_\_\_\_ EF Flow \_\_\_\_\_ gpm
2. Top \_\_\_\_\_ Bottom \_\_\_\_\_ Temp. \_\_\_\_\_ EF Flow \_\_\_\_\_ gpm
3. Top \_\_\_\_\_ Bottom \_\_\_\_\_ Temp. \_\_\_\_\_ EF 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	

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**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 \_\_\_\_\_