

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>

**CHECKLIST FOR INJECTION OR FLOW TEST**

Operator \_\_\_\_\_

Well Name \_\_\_\_\_

Field \_\_\_\_\_ County \_\_\_\_\_

If under a UIC permit UNEV \_\_\_\_\_

Duration of Program \_\_\_\_\_

Source of Injectate	
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Pressures	
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Volumes	
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Containment of fluids (tank, sump, pond) and capacity:	
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If using a Discharge Permit: No. \_\_\_\_\_ Attach copy.

Attach a complete step by step program for this procedure.

Operator or Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

*NDEP Maximum wellhead pressure (Pm in psi) calculation:  $Pm = (0.733 - 0.433 Sg) \text{ depth}$   
Sg=specific gravity depth = depth of injection, in feet, measured from the top of the injection interval*

*This form should accompany the completion report for any new well or sundry notice for existing well.*