

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 STIMULATION PROGRAM, ACID TREATMENTS, AND FRAC JOBS**

Operator \_\_\_\_\_

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

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

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

Vender/Service Company \_\_\_\_\_

Chemicals	Concentration	MSDS Provided

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

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.

Neutralization materials on site:	
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**Safety briefing for crew prior to commencing work required.**

Attach a complete step by step program for this procedure.

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

Date \_\_\_\_\_

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