

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.