



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>

Date Received _____
County _____
NDOM Permit Number _____ FOR DIVISION USE ONLY

**DISSOLVED MINERAL RESOURCE EXPLORATION WELL PERMIT APPLICATION**

Applicant/Operator Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_  
 Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

hereby makes application for a dissolved mineral resource exploration well permit.

(if applicant is a corporation, show state and date of incorporation; if a partnership, list names of partners.)

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

This application is for a:  New Exploration Well  Borehole to Well Conversion  
 Permit Extension (NDOM Permit # \_\_\_\_\_) (Indicate below any changes to original permit)

Permit Extension Reason: \_\_\_\_\_

Applicant is:  Land Owner  Lease/Claim Holder

Land Status (choose one):

Federal (BLM, USFS, etc...)

Mining Claim: NMC# \_\_\_\_\_

Project Name: \_\_\_\_\_ NVN# \_\_\_\_\_

Non Federal

APN#: \_\_\_\_\_ Land Owner: \_\_\_\_\_

Bond Type: \_\_\_\_\_ Issued by: \_\_\_\_\_

Amount: \_\_\_\_\_ Number: \_\_\_\_\_

Groundwater Basin Name and Number

Area With Limitations?

	<input type="checkbox"/> Y	<input type="checkbox"/> N
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(Well proposed to be drilled within areas with limitations may require Blowout Prevention Equipment, per NAC 534B)

Location of Well:

County: \_\_\_\_\_

\_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 of \_\_\_\_\_ Sec., Township \_\_\_\_\_  N  S, Range \_\_\_\_\_ E

UTM East: _____	or Longitude: _____
UTM North: _____	Latitude: _____
<input type="checkbox"/> NAD83	<input type="checkbox"/> WGS84
<i>M.D.B. &amp; M.</i>	

Drilling Contractor (if known): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

Purpose of Well: \_\_\_\_\_  
Drill Rig Type: \_\_\_\_\_  
Surface Hole Diameter: \_\_\_\_\_ Casing Size/Length: \_\_\_\_\_  
Expected Total Depth: \_\_\_\_\_ Casing Weight/Gauge: \_\_\_\_\_  
Casing Schedule/Grade \_\_\_\_\_

Blowout Prevention Equipment Rating:  None  2000 psi  3000 psi  5000 psi

Fluid Management Plan (NAC 534B):

(Describe Here or Attach Additional Pages)

Contamination Prevention/Cementing Plan (NAC 534B):

(Describe Here or Attach Additional Pages, must include Well Schematic)

Flow Monitoring and Plugging Plan (NAC 534B):

(Describe Here or Attach Additional Pages)

Drilling will commence approximately on: \_\_\_\_\_

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

*An application submitted without a signature and date will not be considered for approval.*

-----Attach \$1,000.00 Application Fee Per NAC 534B-----

**----- TO BE COMPLETED BY DIVISION -----**

**CONDITIONS OF PERMIT**

1. All permittees must comply with appropriate sections of the Dissolved Mineral Resource Regulations of the Division of Minerals and with applicable rules and regulations of state and federal agencies.
2. For a well located on non-federal land, a bond in an amount determined by the Division to be necessary to properly plug the well in accordance with NAC 534B must be included.
3. Well Permit Expires two (2) years from date of approval.
4. See attached Conditions of Approval.
5. Send any required reports to: ..... [ndom@minerals.nv.gov](mailto:ndom@minerals.nv.gov)
6. Additional Conditions/Comments

A.	
B.	
C.	

This permit does not extend the permittee the right of ingress and egress on public, private or corporate lands.

The issuance of this permit does not waive the requirements that the permit holder obtain other permits from State, Federal, and local agencies.

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**PERMIT APPROVAL**

Approved \_\_\_\_\_ with the conditions noted above.  
Date

Permit Number \_\_\_\_\_

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Administrator  
Division of Minerals