

For NDOM Use Only

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By: _____ Date: _____

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 4/4/2024

API Number _____

County Esmeralda

Project Area 1582
 Permit Number _____
 FOR DIVISION USE ONLY

GEOHERMAL PROJECT AREA PERMIT APPLICATION

Name or Corporate/Business Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____

hereby makes application for a geothermal development permit, State of Nevada, Division of Minerals.

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

This application is for (number):	_____ production wells	Estimated total depth of each production well: _____
	_____ injection wells	Estimated total depth of each injection well: _____
	_____ observation wells	Estimated total depth of each observation well: _____
	_____ temperature gradient wells	Estimated total depth of each temperature gradient well: _____

Purpose of Wells:

Project Area or Unit Name:

Description of Project Area by Section, Township, and Range (a map of the project area must be included with the application):

Applicant is: Land Owner Lease Holder

Lease Name: _____ Split Estate? Yes No

Land Owner Name: _____

Geothermal Resource Owner Name: _____

Operator's Name: _____
Address: _____
City, St Zip: _____

Drilling Contractor's Name: _____
Address: _____
City, St Zip: _____
Telephone: _____

Drilling Program - attach sample drilling program(s) which must include rotary rig description, and if applicable, information on the casing program and equipment for the prevention of a blowout.

Planned Use of Geothermal Resource:

Planned Disposal of Spent Geothermal Fluid:

Bond Type:
Bond Amount:
Bond Number:
Issued by Name (bank, surety, etc.):

Issued by CD Number or Account
Number:

BLM Bond

State Bond

The source of the Proposed Geothermal Resource is: _____
(List name of hot spring, geologic formation(s) or other source.)

Drilling will begin on or before: _____

Signature of Applicant/Agent: Ryan Colley
Printed Name of Applicant/Agent: _____
Date: _____

******* Please enclose the \$500.00 fee along with this application *******
******* Fee is waived if application includes Temperature Gradient Wells ONLY *******

PERMIT APPROVAL

Approved 04/12/2024 with the conditions attached and made a part of the permit.
Date

Project Area Permit Number 1582

Administrator
Division of Minerals