STATE OF NEVADA
COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
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Carson City, Nevada 89703
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DISSOLVED MINERAL RESOURCE EXPLORATION BOPE TEST FORM

----------FOR DIVISION USE ONLY ----------

Operator: _____ Date: _____

Well Name: _____ Project: _____

NDOM Permit/NOI #: _____ Drilling Contractor: _____

Coordinates: _____ E Elevation: _____

(NAD83/WGS84) _____ N BLM NVN No: _____

BOPE test requirements for the _____ must be met and confirmed with NDOM before proceeding.

NDOM Requirements:

NDOM Signature_____

TO BE COMPLETED BY OPERATOR

Annular % Lost

Test # 1 _____ psi start _____ psi end _____ Time: _____ Duration: _____
Test # 2 _____ psi start _____ psi end _____ Time: _____ Duration: _____
Test # 3 _____ psi start _____ psi end _____ Time: _____ Duration: _____

Blind Ram % Lost

Test # 1 _____ psi start _____ psi end _____ Time: _____ Duration: _____
Test # 2 _____ psi start _____ psi end _____ Time: _____ Duration: _____
Test # 3 _____ psi start _____ psi end _____ Time: _____ Duration: _____

Pipe Ram % Lost

Test #1 _____ psi start _____ psi end _____ Time: _____ Duration: _____
Test # 2 _____ psi start _____ psi end _____ Time: _____ Duration: _____
Test # 3 _____ psi start _____ psi end _____ Time: _____ Duration: _____

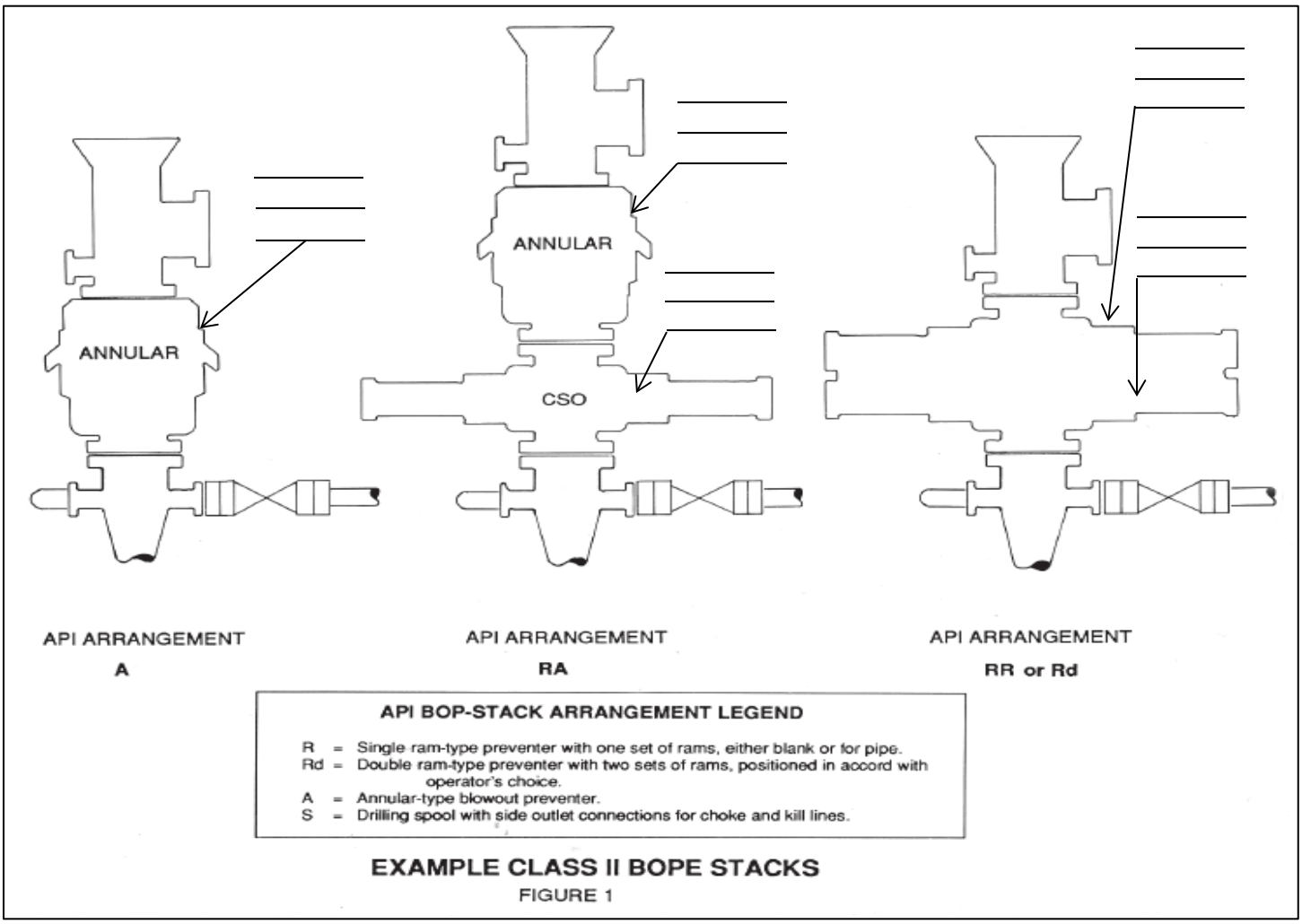
☐ **Test Picture 1)** Pressure Gauge Picture # 1 of starting pressure for each test; Number of Pictures:_____

☐ **Test Picture 2)** Pressure Gauge Picture # 2 of ending pressure for each test ; Number of Pictures:_____

TO BE COMPLETED BY OPERATOR

Operator Description of Tests:

Record the passing test number, the passing test pressure, and the duration tested with the appropriate equipment.



EXAMPLE CLASS II BOPE STACKS

FIGURE 1

Explanation of Variance from NDOM Requirements: (Operator must receive written or verbal confirmation from NDOM before altering tests).

☐ **Pressure Curves for each test collected and submitted to NDOM upon conclusion of the final passing test and before drilling out the shoe.**

Test Verified by (name & title):_____

Signature:_____ Date:_____