STATE OF NEVADA
DIVISION OF MINERALS

DISSOLVED MINERAL RESOURCE EXPLORATION WELL DRILLER'S REPORT

Report #:_____
For Division Use Only

PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NAC 534B

PRIVATE LEASE ☐ *Yes* ☐ *No*
BLM NOTICE NO._____
WELL NAME/NUMBER:

1. OPERATOR NAME _____
MAILING ADDRESS _____

HYDROLOGIC BASIN NAME AND NUMBER: _____
COUNTY _____

2. PLSS LOCATION _____1/4 _____1/4 Section_____
Township _____ ☐N ☐S Range _____ E

Latitude _____ UTM N _____ ☐ NAD 83
Longitude _____ UTM E _____ ☐ WGS 84

3. NDOM PERMIT NUMBER

4. BLOWOUT PREVENTION EQUIPMENT
Type: ☐ Not Required ☐ Annular ☐ Blind ☐ Pipe
Rating: ☐ 2M ☐ 3M ☐ 5M
Size: Surface_____ Intermediate_____

5. RIG TYPE
☐ Core ☐ Rotary ☐ RVC
☐ Air ☐ Mud ☐ Sonic
☐ Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To