



STATE OF NEVADA
COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
400 W. King Street, Suite 106
Carson City, Nevada 89703
(775) 684-7040 | (775) 684-7052
<http://minerals.nv.gov>

DISSOLVED MINERAL RESOURCE EXPLORATION WELL SURETY BOND

KNOW ALL MEN BY THESE PRESENT, that _____
(Name of Principal)

in the State of _____ as principal and _____
(Name of Surety)

A corporation surety company authorized to do business in the State of Nevada, as surety, for and in consideration of the granting of a permit to drill pursuant to Nevada Revised Statutes and the rules and regulations adopted by the Division of Minerals, under the authority of said law, are held and firmly bound unto the State of Nevada in the sum of \$_____ lawful money of the United States, to be paid to the Division of Minerals, for which payment, well and truly made, we bind ourselves and each of us, and each of our successors and assigns, jointly and severally, be these present.

THE CONDITIONS OF THE FOREGOING OBLIGATIONS IS SUCH THAT, WHEREAS, the Principal is desirous of drilling a dissolved mineral resource exploration well in the State of Nevada, which operation or operations will consist of drilling, redrilling, deepening, flow testing, and abandoning operations are subject to the jurisdiction and control of the Nevada Commission on Mineral Resources, Division of Minerals.

NOW THEREFORE, If said Principal, in its operations after the execution of permit by the Division, shall fully comply with said NRS Chapters and the rules and regulations of the Division of Minerals of the State of Nevada prescribed to govern the activities of dissolved mineral resource exploration within the State of Nevada, then, and in that event, the above obligation shall be void, otherwise to remain in full force and effect.

(Attach a copy of the surety instrument.)

Permittee: _____
Address: _____
City: _____ St.: _____ Zip: _____
Phone: _____ Fax: _____
Secretary of State Business ID # _____

Witnessed our hands, this _____ day of _____, 20_____

Signed: _____

Name Printed: _____

Surety: _____
Address: _____
City: _____ St.: _____ Zip: _____
Phone: _____ Fax: _____

Witnessed our hands, this _____ day of _____, 20_____

Signed: _____

Name Printed: _____

State of _____ }
County of _____ } ss.

On this _____, day of _____, before me, the undersigned, a notary public, within and for the county and State foresaid, personally appeared _____, known to me to be the _____ of the _____, and acknowledged to me that he/she executed the within and foregoing instrument on behalf of said corporation.

(Notary Public)

(My Commission Expires)

FOR DIVISION USE

Permit Number#	APN Number(s)	Well Name and Number	Section, Township, Range