

For NDOM Use Only

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By: _____ Date: _____

STATE OF NEVADA
 COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
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ANNUAL REPORT FOR DOMESTIC GEOTHERMAL RESOURCES

This report must be completed and returned on or before January 31 of each year.

Full Name: _____

Address: _____

City, ST Zip: _____

Permit Number: _____

API Number: _____

This information MUST be provided each year until the permitted well has been permanently plugged in accordance with Nevada Regulations. Please contact our office if you require further information on permitted geothermal wells.

Was the well used for geothermal heat in the year 20____? YES NO

(Month) _____ to _____

Annual Consumption: _____ Gallons

Average Daily Consumption: _____ Gallons

Fluid Temperature In: _____ °F

Fluid Temperature Out: _____ °F

Approximate Square Footage of Building or Facility Utilizing Heat: _____ Ft²

Remarks: (Use the space below to provide any corrections or comments.)

I hereby certify that the information given herewith is true, correct, and complete.

SIGNATURE: _____ Date: _____