

For NDOM Use Only

Entered in Database

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>

REPORT FOR DOMESTIC GEOTHERMAL RESOURCES

Full Name: _____

Address: _____

City, ST Zip: _____

Permit Number: _____

API Number: _____

Reporting Year: _____

This information MUST be provided to the Division of Minerals well inspector upon request until the permitted well has been permanently plugged in accordance with Nevada Administrative Code (NAC) 534A.470. Please contact our office if you require further information on permitted geothermal wells.

Ln #	Production (minimum quarterly recording required)				Injection (minimum quarterly recording required)		
	Date	Reading	Net Gallons	Temperature	Date	Reading	Net Gallons
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Approximate square footage of home or facility utilizing heat: _____