

For NDOM Use Only☐ Entered in Database

By: _____ Date: _____

STATE OF NEVADA
 COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
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GEOHERMAL WELL COMPLETION REPORT

To be filed not later than 30 days after well is abandoned or put on production

Company/Operator: _____

Lease Name: _____

Well Location

Section _____

Locate well correctly

Well No. _____ within the _____ 1/4 of _____ 1/4
 Sec _____, T. _____, R. _____ M.D.B.M.
 UTM Northing _____ N; UTM Easting _____ E (NAD83 Datum)

Field _____
 County _____ Permit Number _____
 Drilling Commenced _____ Completed _____
 Type of Drilling Equipment Used _____
 Drilling Contractor _____

Address _____

Total Depth of Well _____ Type of Well _____
 The elevation is _____ feet above sea level.

GEOHERMAL ZONES

1. Top _____ Bottom _____ Temp. _____ °F Flow _____ gpm
 2. Top _____ Bottom _____ Temp. _____ °F Flow _____ gpm
 3. Top _____ Bottom _____ Temp. _____ °F Flow _____ gpm

IMPORTANT WATER ZONES

1. Top _____ Bottom _____ Depth Encountered _____ Flow _____ gpm
 2. Top _____ Bottom _____ Depth Encountered _____ Flow _____ gpm
 3. Top _____ Bottom _____ Depth Encountered _____ Flow _____ gpm

CASING RECORD

Ln #	Size	Weight per foot	Make	Amount Set	Shoe	Perforated		Open Hole		Type Casing
						From	To	From	To	
1										
2										
3										
4										

CEMENTING RECORD

Ln #	Size of Hole	Size of Casing	Where Set	No. Sacks of Cement or Cubic Yards of Concrete	Additives
1					
2					
3					

RECORD OF TESTS PERFORMED

Attach separate reports detailing data collected and results of any flow tests, injection tests, chemical treatment, integrity tests or other related procedures. Include data, duration of test, flow (injection rates) and type of equipment or products used.

PRODUCTION

Put on production _____, 20 _____. Time: _____

FOR FLOWING WELL:

Flowing pressure on casing _____ lbs/sq.in.
 Flowing pressure on tubing _____ lbs/sq.in.
 Size of tubing _____ Intervals _____
 Size of choke _____ tested: _____

FOR PUMPING WELL:

Pump Pressure _____ psi. Rate _____ gpm
 Depth of Pump _____ Type _____

RECORD OF LOGS

Ln #	Type of Survey	Top	Bottom	Date	Company
1.					
2.					
3.					
4.					
5.					
6.					

Attach to this record two (2) copies of all formational, electrical and radioactivity logs and deviation surveys.

I hereby certify that the information given herewith is true, correct, and complete record of this well and all work done on it so far as can be determined from the available records.

Name: _____
 Position: _____
 Company or Operator: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____