

**For NDOM Use Only**

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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>

Date Received **8/15/2025**

County **Churchill**

Project Area Permit # **1667**  
FOR DIVISION USE ONLY

**GEOHERMAL PROJECT AREA PERMIT APPLICATION**

Name or Corporate/Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

hereby makes application for a geothermal development permit, State of Nevada, Division of Minerals.

(If applicant is a corporation, show state and date of incorporation; if a partnership, list names of partners.)

This application is for (number):	_____ production wells	Estimated total depth of each production well:	_____
	_____ injection wells	Estimated total depth of each injection well:	_____
	_____ observation wells	Estimated total depth of each observation well:	_____
	_____ temperature gradient wells	Estimated total depth of each temperature gradient well:	_____

Purpose of Wells:

Project Area or Unit Name:

Description of Project Area by Section, Township, and Range (a map of the project area must be included with the application):

Applicant is: ☐ Land Owner ☐ Lease Holder  
Lease Name: \_\_\_\_\_ Split Estate? ☐ Yes ☐ No  
Land Owner Name: \_\_\_\_\_  
Geothermal Resource Owner Name: \_\_\_\_\_

Operator's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St Zip: \_\_\_\_\_  
Drilling Contractor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Drilling Program - attach sample drilling program(s) which must include rotary rig description, and if applicable, information on the casing program and equipment for the prevention of a blowout.

Planned Use of Geothermal Resource:

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Planned Disposal of Spent Geothermal Fluid:

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Bond Type:  
Bond Amount:  
Bond Number:  
Issued by Name (bank, surety, etc.):

**BLM Bond**

**State Bond**

Issued by CD Number or Account  
Number:

The source of the Proposed Geothermal Resource is: \_\_\_\_\_  
(List name of hot spring, geologic formation(s) or other source.)

Drilling will begin on or before: \_\_\_\_\_

Signature of Applicant/Agent: Ryan Colley  
Printed Name of Applicant/Agent: \_\_\_\_\_  
Date: \_\_\_\_\_

\*\*\*\*\* Please enclose the \$500.00 fee along with this application \*\*\*\*\*  
\*\*\*\*\* Fee is waived if application includes Temperature Gradient Wells ONLY \*\*\*\*\*

#### PERMIT APPROVAL

Approved 12/17/2025 with the conditions attached and made a part of the permit.  
Date

Project Area Permit Number 1667

\_\_\_\_\_  
Administrator  
Division of Minerals