

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>

APPLICATION FOR PERMIT TO DRILL AN OIL OR GAS WELL

(Application must be accompanied with permit fee. Submit proposed drilling program with this application.)

Company/Operator _____
 Send permit to: _____
 Street/PO Box _____
 City _____ State _____
 Zip _____ Telephone _____
 Lease name _____ Split Estate? Yes No

WELL LOCATION

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 _____
 The well is _____ feet from the North / South line and
 and _____ feet from the East / West line of the section.
 (Give location from section line, cross out wrong directions.)
 Distance and direction from nearest town _____

Section _____
 Locate well correctly.

If patented land, Fee Owner is _____
 Fee Owner Address _____

If government land, lease serial no. is _____
 Land Type: Federal (BLM, USFS, etc.) Private State

Lessee is _____
 Address _____

Is the proposed well being considered for unconventional well stimulation? Yes No
 It is proposed to drill the well to a depth of _____ feet using a rotary rig.
 The elevation is _____ feet above sea level.
 The KB will be _____.

If this is a wildcat well, attach plat by licensed surveyor showing location.
 The status of a bond for this well in conformance with NRS 522.230 of the Nevada Revised Statutes is:

If bond posted with U.S. Government, what is name of surety company?

 Bond number? _____

Please be advised: NAC 522.540 Confidentiality of well records. 1. Records concerning a well will not be kept confidential by the Division unless the owner of the well request's confidentiality in writing or marks "confidential" on the logs of an exploratory well. Upon receiving such a request or log, the Division will keep the records confidential for 1 year after their receipt unless the owner provides a written authorization for an earlier release.

I certify that I have personal knowledge of the facts above stated and that they are true, correct, and complete.

Signed _____

Name _____

Position _____

Date _____

Permit No. _____

API No. _____

Approval Date _____

By _____

CONDITIONS OF PERMIT

1. Please send daily drilling reports to : Cortney Luxford cluxford@minerals.nv.gov
and
Valerie Kneefel..... vkneefel@minerals.nv.gov

2. See attached "Conditions of Approval."

3. Additional Conditions/Comments (**FOR DIVISION USE ONLY**)

A.	
B.	
C.	

This permit does not extend the permittee the right of ingress and egress on public, private, or corporate lands.

The issuance of this permit does not waive the requirements that the permit holder obtain other permits from State, Federal, and local agencies.