

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>

CHECKLIST FOR STIMULATION PROGRAM, ACID TREATMENTS, AND FRAC JOBS

Operator _____

Well Name _____

Field _____ County _____

If under a UIC permit UNEV _____

Vender/Service Company _____

Ln#	Chemicals	Concentration	MSDS Provided
1			
2			
3			
4			

Duration of Program _____

Pressures _____

Volumes _____

Containment of fluids (tank, sump, pond) and capacity:

If using a Discharge Permit: No. _____ Attach copy.

Neutralization materials on site:

Safety briefing for crew prior to commencing work required.

Attach a complete step by step program for this procedure.

Operator or Agent Signature _____

Date _____

This form should accompany the completion report for any new injection well or sundry notice for existing well.