

**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>

Date Received \_\_\_\_\_

API Number \_\_\_\_\_

County \_\_\_\_\_

Project Area \_\_\_\_\_

Permit Number \_\_\_\_\_

FOR DIVISION USE ONLY

**GEOTHERMAL 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 \_\_\_\_\_ production wells  
 (number):

\_\_\_\_\_ injection wells

\_\_\_\_\_ observation wells

\_\_\_\_\_ temperature gradient wells

Estimated total depth of each  
 production well: \_\_\_\_\_Estimated total depth of each  
 injection well: \_\_\_\_\_Estimated total depth of each  
 observation well: \_\_\_\_\_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 HolderLease 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:

Planned Disposal of Spent Geothermal Fluid:

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

BLM Bond

State Bond

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: \_\_\_\_\_

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 \*\*\*\*\*

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#### PERMIT APPROVAL

Approved \_\_\_\_\_ with the conditions attached and made a part of the permit.  
Date \_\_\_\_\_

Project Area Permit Number \_\_\_\_\_

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Administrator  
Division of Minerals