

North Dakota State Industrial Commission

EXPLORATION PERMIT APPLICATION

SUBSURFACE MINERALS

Date _____, 20____

OPERATOR: _____

(Name) (Address)

DRILLING CONTRACTOR: _____

(Name) (Address)

SEND PERMIT TO: _____

(Name) (Address)

Approximate Starting Date: _____ Approximate Completion Date: _____

Permit Area (area of exploration): TWPS. _____
RGS. _____

Approximate Number of Holes: _____ (A list of exact location of test holes is to be attached to this application or submitted as soon as known.)

Drilling Methods: Rotary, fluid water _____; air _____; water mist _____

Remarks: _____

Logging Program: Gamma _____; Density _____; S.P. _____
Resistivity _____; Caliper _____; None _____

Remarks: _____

Coring Program: _____

Sampling Program: _____

Plugging Procedures: _____

Dated this _____ day of _____, 20 ____ By _____

STATE OF _____ } ss
COUNTY OF _____

I, _____, being first duly sworn on oath, state that I am the _____ of _____ and have knowledge of the facts and matter herein set forth and that the same are true and correct. SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

PERMIT NO. _____
APPROVED _____

NOTARY PUBLIC, COUNTY OF _____
STATE OF _____
My Commission Expires _____

BY _____