FORM 1-sm

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. ____________ NOTARY PUBLIC, COUNTY OF __________________________

APPROVED __________________________ STATE OF __________________________

My Commission Expires __________________________

BY ________________________________