

**ARIZONA STATE LAND DEPARTMENT  
Minerals Section**

**EXPLORATION  
PLAN OF OPERATION**

The following information must be submitted to, and approved by the Department prior to initiating exploration activities on State land. The plan will only be approved for a period of one year. Any change in the described operations must first be approved by the Department.

Plan evaluation and approval may require 30 to 60 days.

Permit Number(s) \_\_\_\_\_ Permittee \_\_\_\_\_

Name of Operator \_\_\_\_\_ Telephone \_\_\_\_\_

Address of Operator \_\_\_\_\_

Name of Field Representative \_\_\_\_\_

(If different than operator include address and telephone)

1) **Land Description and Map**

Attach as Exhibit B to this Plan a U.S.G.S. topographic map of the referenced property.

County \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Section(s) \_\_\_\_\_

2) **Period of Operation**

The operation is proposed to begin on \_\_\_\_\_ and end on \_\_\_\_\_. If exploration operations are proposed to exceed one year, an addendum to this plan must be filed prior to the plan expiration date.

3) **Access**

Show on Exhibit B existing and proposed routes. Describe in detail the extent of all improved or newly constructed access. Note any locked gates and include any landmarks which will assist in locating the property.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) **Vehicles and Equipment**

List by type and size all vehicles and equipment which will be used in connection with the operation. Include the capacity of concentrators for placer operations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) **Scope of Operation**

Describe the type and extent of the operation to be performed. Include the estimated area of disturbance and provide detailed information for any earth moving or site clearance operations. For placer type exploration include the amount of material to be processed from each test site, and the dimension of test sites.

Estimated area of disturbance: \_\_\_\_\_

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6) **Affected Land**

Indicate to the nearest 300 feet the location of all proposed exploration sites (Topographic Map, Exhibit B). If unable to show on topographic map, complete attached Exhibit A or provide coordinate description (topographic grid or distance from section corner). For placer type exploration include the location of concentrators.

Coordinate description: Submit as an attachment.

7) **Drilling**

For all drilling operations indicate the type of drilling operation, drilling medium (air, water e.g.) hole diameter, ground elevation and proposed total depth.

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Hole Identification	Elevation	Total Depth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



The Permittee agrees to abide by the methods and extent of the operations described herein.

PERMITTEE: \_\_\_\_\_  
Signature and Date

Plan must be signed by the permit holder, statutory agent, have a power of attorney on file with the Department, or be a duly authorized representative of the company.

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**CONDITIONS OF APPROVAL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permittee also agrees to abide by the above listed CONDITIONS OF APPROVAL.

PERMITTEE: \_\_\_\_\_  
Signature and Date

Following the Department's evaluation of this plan, two copies will be sent to the Permittee noting any conditions which may be required by the Department. The Permittee shall sign and return one copy which will attach to, and become a part of, the permit.

**FOR DEPARTMENT USE ONLY**

Plan Number \_\_\_\_\_

Bond Amount \_\_\_\_\_

Approved for the period: Beginning \_\_\_\_\_ Expiring \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

Date of Permit Issue: \_\_\_\_\_

Date Last Plan Submitted: \_\_\_\_\_ Plan Number \_\_\_\_\_

Denied By: \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_