EF-567-K-R07-0807-53000197-1 BOE-567-K (S1F) REV. 7 (8-07)

ANNUAL GEOTHERMAL OPERATING EXPENSE DATA

OFFICIAL REQUIREMENT

A report submitted on this form is required of you by section 441(a) of the Revenue and Taxation Code (Code). The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20___. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Code section 463.

This statement is not a public document. The information contained herein will be held secret by the assessor (code section 451); it can be disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.

CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTION 1. NAME AND MAILING ADDRESS (make necessary corrections to the part of		address):			
Г		\neg			
L		f 	DESCRIPTION OF THE Filed for each property): Field Name		
PHONE NUMBER					
THORE ROMBER		_ 3. F	PARCEL NUMBER:		
		7	Tax Rate Area		
4. Well data: Type: Dry steam Water Hot rock				ASSESSOR'S USE	
	NUMBER AVERAGE WELL DEPTH		GE WELL DEPTH	ONLY	
5. Producing wells flowing					
6. Producing wells pumping					
7. Shut-in wells capable of producing					
Idle wells incapable of producing					
a. With equipment					
b. Without equipment					
9. Injection wells					
10. Water supply: Fresh Salt					
11. Disposal wells					
FIELD OPERATING EXPENSES:*				ASSESSOR'S USE ONLY	
12. Labor (including employee benefits)					
13. Materials and supplies (expensed items only)					
14. Well maintenance (pulling, bailing, etc.)					
15. Contract work and rentals					
16. Insurance					
17. Utilities					
18. Injection					
19. Transportation					
20. Waste water disposal					
21. Waste disposal (sludge)					
22. Overhead (direct-field or district) (see instructions)					
23. Other (fully explain on attached sheet)					
24.					
25.					
26.					
27.					
28.	·	· · · · · · · · · · · · · · · · · · ·			

Shanna White

Weaverville, CA 96093 Phone: (530) 623-1257

assessor@trinitycounty.org

Fax: (530) 623-8398

P.O. Box 1255

County Clerk-Recorder-Assessor

* Do not include depletion, depreciation, amortization, interest on loans, franchise and property taxes, state and federal income taxes, or royalty payments.

THIS REPORT SUBJECT TO AUDIT



29. TOTAL FIELD OPERATING EXPENSES

30. New wells WELL NUMBER DATE BEGUN COMPLETED TYPE* DEPTH FLOW CAPABILITY (Ng s 199HR) COST P = Producing, I = Injection, D = Disposal TOTAL NEW WELL COST 31. Remedial well work WELL NUMBER DATE COMPLETED DEPTH COST TOTAL REMEDIAL WELL WORK COST 32. Abandonments WELL NUMBER AAANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (met) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached shoot) 55. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed, if you do not do so. it may result in penalties. 1 TOTAL SURFACE INVESTMENT 1 Salvage under penalty of perifyry under the law of the State of California that I have examined this expense date sharement including accompanying 1 sectedure, statement or other attentions, and to the beat off hy involvedge and belief is true, completed and signed, if you do not do so. it may result in penalties. 1 Solved (subjection) 1 Section of the penalty of perifyry under the law of the State of California that I have examined this expense date sharement including accompanying 1 sectedure, statement or other attentions, and to the beat off hy involvedge and belief is true, confidence and property and robots as impropry and robots are propried who his correct, claimed, coassessed, controlled, or managed by the person named as the assesses in this statement at 12:01 s.m. on lobroury 1.20. PROME OF ASSESSEE OR AUTHORIZED ORGAN Paper's primary PROPERSHIP TYPE (3) PROPERSHIP TYPE (3) PROPERSHIP TYPE (3) PROPERSHIP TYPE (4) PROPERSHIP TYPE (5) PROPERSHIP TYPE (5) PROPERSHIP TYPE (5) PROPERSHIP	CAPITAL EXPENDITURES (during the calendar year being reported):								ASSESSOR'S USE ONLY		
P = Producing, 1 = Injection. D = Disposal TOTAL NEW WELL COST 7P = Producing, 1 = Injection. D = Disposal TOTAL NEW WELL COST 31. Remedial well work WELL NUMBER DATE COMPLETED DEPTH COST 32. Abandonments WELL NUMBER DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL REMEDIAL WELL WORK COST 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Note:	30. New wells										
31. Remedial well work WELL NUMBER DATE COMPLETED DEPTH COST TOTAL REMEDIAL WELL WORK COST 32. Abandonments WELL NUMBER DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of Vision and belief it is true, correct, and complete and includes all properly and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. or January 1, 20 OWNERSHIP TYPE (3) Proprietorship OWNERSHIP TYPE (3) PRINTERE OF ASSESSEE OR AUTHORIZED AGENT? NAME OF ASSESSEE OR AUTHORIZED AGENT? NAME OF ASSESSEE OR AUTHORIZED AGENT? NAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RESERVED THE SALVAGE STANDARD STANDA	WELL NUMBER DATE BEGUN CO			TYPE*	DEPTH			соѕт			
31. Remedial well work WELL NUMBER DATE COMPLETED DEPTH COST TOTAL REMEDIAL WELL WORK COST 32. Abandonments WELL NUMBER DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of Vision and belief it is true, correct, and complete and includes all properly and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. or January 1, 20 OWNERSHIP TYPE (3) Proprietorship OWNERSHIP TYPE (3) PRINTERE OF ASSESSEE OR AUTHORIZED AGENT? NAME OF ASSESSEE OR AUTHORIZED AGENT? NAME OF ASSESSEE OR AUTHORIZED AGENT? NAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RESERVED THE SALVAGE STANDARD STANDA											
31. Remedial well work WELL NUMBER DATE COMPLETED DEPTH COST TOTAL REMEDIAL WELL WORK COST 32. Abandonments WELL NUMBER DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of Vision and belief it is true, correct, and complete and includes all properly and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. or January 1, 20 OWNERSHIP TYPE (3) Proprietorship OWNERSHIP TYPE (3) PRINTERE OF ASSESSEE OR AUTHORIZED AGENT? NAME OF ASSESSEE OR AUTHORIZED AGENT? NAME OF ASSESSEE OR AUTHORIZED AGENT? NAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RESERVED THE SALVAGE STANDARD STANDA											
31. Remedial well work WELL NUMBER DATE COMPLETED DEPTH COST TOTAL REMEDIAL WELL WORK COST 32. Abandonments WELL NUMBER DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of Vision and belief it is true, correct, and complete and includes all properly and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. or January 1, 20 OWNERSHIP TYPE (3) Proprietorship OWNERSHIP TYPE (3) PRINTERE OF ASSESSEE OR AUTHORIZED AGENT? NAME OF ASSESSEE OR AUTHORIZED AGENT? NAME OF ASSESSEE OR AUTHORIZED AGENT? NAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RESERVED THE SALVAGE STANDARD STANDA											
31. Remedial well work WELL NUMBER DATE COMPLETED DEPTH COST TOTAL REMEDIAL WELL WORK COST 32. Abandonments WELL NUMBER DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of Vision and belief it is true, correct, and complete and includes all properly and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. or January 1, 20 OWNERSHIP TYPE (3) Proprietorship OWNERSHIP TYPE (3) PRINTERE OF ASSESSEE OR AUTHORIZED AGENT? NAME OF ASSESSEE OR AUTHORIZED AGENT? NAME OF ASSESSEE OR AUTHORIZED AGENT? NAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RAME OF LEGAL ENTITY (stiller than 0549) (typed or printed) RESERVED THE SALVAGE STANDARD STANDA											
WELL NUMBER DATE COMPLETED DEPTH COST TOTAL REMEDIAL WELL WORK COST 32. Abandonments WELL NUMBER ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declars under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other datachinents, and to the best of my knowledge and belief it is no, cornect, and complete and includes all properly and those expenses contained that expense data statement, including accompanying schedules, statements or other datachinents, and to the best of my knowledge and belief it is no, cornect, and complete and includes all properly and those expenses contained as the essessee in this statement at 12.01 a.m. or OWNERSHIP TIPE (8) Properlication in Common Comm	*P = Producing, I = I	njection, D = Dis	posal			TOTAL NEW V	VELL COST				
TOTAL REMEDIAL WELL WORK COST 32. Abandonments WELL NUMBER BANDONED DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I doctains under penalty of polyury under the laws of the State of California that I have examined this expense data statement, including accompanying expectations, because in the statement of the base of my browledge and belief it is true, cornect, and complete and includes all percepting and tobe expenses of the statement of the desired of my browledge and belief it is true, cornect, and complete and includes all penalties. OWNERSHIP TIPE (8) Proprietionship Patternership NAME OF ASSESSEE OR AUTHORIZED AGENT* DATE DISCARDERS NAME AND ADDRESS founded or mining of the percent of the penalty	31. Remedial well v	vork									
32. Abandonments WELL NUMBER DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of a California that I have examined this expense data statement, including accompanying schedules, statements or their attachments, and to the best of my knowledge and belief its intercepted which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Pattnership Corporation DATE TITLE DEPENDENCE NAME AND ADDRESS Transfer contents THE EDUCALE NAME BY THE EDUCALE NAME	WELL NUMBER	DATE CO	DATE COMPLETED		DEPTH		ST				
32. Abandonments WELL NUMBER DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of a California that I have examined this expense data statement, including accompanying schedules, statements or their attachments, and to the best of my knowledge and belief its intercepted which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Pattnership Corporation DATE TITLE DEPENDENCE NAME AND ADDRESS Transfer contents THE EDUCALE NAME BY THE EDUCALE NAME											
32. Abandonments WELL NUMBER DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of a California that I have examined this expense data statement, including accompanying schedules, statements or their attachments, and to the best of my knowledge and belief its intercepted which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Pattnership Corporation DATE TITLE DEPENDENCE NAME AND ADDRESS Transfer contents THE EDUCALE NAME BY THE EDUCALE NAME											
32. Abandonments WELL NUMBER DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of a California that I have examined this expense data statement, including accompanying schedules, statements or their attachments, and to the best of my knowledge and belief its intercepted which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Pattnership Corporation DATE TITLE DEPENDENCE NAME AND ADDRESS Transfer contents THE EDUCALE NAME BY THE EDUCALE NAME											
32. Abandonments WELL NUMBER DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of a California that I have examined this expense data statement, including accompanying schedules, statements or their attachments, and to the best of my knowledge and belief its intercepted which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Pattnership Corporation DATE TITLE DEPENDENCE NAME AND ADDRESS Transfer contents THE EDUCALE NAME BY THE EDUCALE NAME	-										
WELL NUMBER DATE ABANDONED DEPTH COST SALVAGE VALUE TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE DEDUCTION OF THE STANMA AND ADDRIESS Montal or printed) TITLE DEDUCTION OF THE STANMA AND ADDRIESS Montal or printed) TITLE DEDUCTION OF THE STANMA AND ADDRIESS Montal or printed) TITLE DEDUCTION OF THE STANMA AND ADDRIESS Montal or printed) TITLE DEDUCTION OF THE STANMA AND ADDRIESS MONTAL OR PRINTED TITLE DEDUCTION OF THE STANMA AND ADDRIESS MONTAL OR PRINTED TITLE DEDUCTION OF THE STANMA AND ADDRIESS MONTAL OR PRINTED TOTAL SURFACE INVESTMENT TOTAL SURFACE IN			·		TOTAL REM	IEDIAL WELL W	ORK COST				
TOTAL ABANDONMENT COST (net) 33. Surface investment Pads — Roads TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 55. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Pattnership NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) Pattnership DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is sowned, claimed, possesses, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE DECLARATION BY ASSESSEE TOTAL CAPITAL EXPENDITURES TOTAL SURFACE INVESTMENT TOTAL SURFACE INVESTMEN	32. Abandonments	;									
33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Partnership Corporation DATE NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE DEPENDED'S NAME AND ADDRESS threed or printed) TITLE	WELL NUMBER		DEF	PTH	COST	SALVA	SALVAGE VALUE				
33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Partnership Corporation DATE NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE DEPENDED'S NAME AND ADDRESS threed or printed) TITLE											
33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Partnership Corporation DATE NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE DEPENDED'S NAME AND ADDRESS threed or printed) TITLE											
33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Partnership Corporation DATE NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE DEPENDED'S NAME AND ADDRESS threed or printed) TITLE											
33. Surface investment Pads — Roads Facilities TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Partnership Corporation DATE NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE DEPENDED'S NAME AND ADDRESS threed or printed) TITLE											
Pads — Roads Facilities TOTAL SURFACE INVESTMENT					TOTAL A	BANDONMENT	COST (net)				
TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Partnership NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) PEDERABER'S NAME AND ADDRESS (typed or printed) TITLE PREPABER'S NAME AND ADDRESS (typed or printed) TITLE THE EPHONE NUMBER TITLE		nent									
TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Partnership Corporation DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statement, inclu	Pads — Roads										
TOTAL SURFACE INVESTMENT 34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Partnership Corporation DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statement, inclu											
34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Pattership Corporation DATE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NUMBER TITLE	Facilities										
34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Pattership Corporation DATE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NUMBER TITLE											
34. Other (fully explain on attached sheet) 35. TOTAL CAPITAL EXPENDITURES DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship Pattership Corporation DATE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NUMBER TITLE					TOTAL		FOTMENT				
DECLARATION BY ASSESSE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship DATE NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) PEDERALEMPLOYER ID NUMBER TITLE TI					IOIAL	SURFACE INV	ESIMENI				
DECLARATION BY ASSESSE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship	34. Other (fully exp	lain on attached :	sheet)								
Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship	35. TOTAL CAPITA	AL EXPENDITUR	ES								
I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) Proprietorship					DECLARATIO	N BY ASSES	SSEE				
OWNERSHIP TYPE (3) Proprietorship Partnership Corporation PREPARED'S NAME AND ADDRESS (typed or printed) PREPARED'S NAME AND ADDRESS (typed or printed) TITLE PREPARED'S NAME AND ADDRESS (typed or printed) TITLE	schedules, staten required to be rep	oenalty of perjury nents or other attac	under the law chments, and to	s of the St the best of	tate of Californi my knowledge a	ia that I have ex nd belief it is true	xamined this e, correct, and	expense data statem complete and includes	nent, including accompanying all property and those expenses		
Proprietorship Partnership Corporation Partnership NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NUMBER TITLE											
Corporation PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TITLE	Proprietorship [NAME OF ASSES	NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)								
DREPARER'S NAME AND ADDRESS (hand or printed)	Partnership [NAME OF LEGAL	FEDERAL EMPLOYER ID NUMBER								
Other DREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TITLE	Corporation [
	Other [PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER						UMBER	TITLE		

*Agent: See page S2B for Declaration by Assessee instructions.



INSTRUCTIONS FOR COMPLETING THE ANNUAL GEOTHERMAL OPERATING EXPENSE DATA REPORT

Line numbers listed in these instructions refer to identical line numbers printed on the form. At top of form, fill in the year of the lien date for which this expense report is made.

LINE 1. DATE, NAME, MAILING ADDRESS AND PHONE NUMBER

a. NAME OF OPERATOR (person or corporation)

If the name is preprinted, check the spelling and correct any errors. In the case of an individual, enter the last name first, then the first name and middle initial. Partnerships must enter at least two names, showing the last name, first name, and middle initial for each partner. Corporation names should be complete so they will not be confused with fictitious or DBA (Doing Business As) names.

b. DBA OR FICTITIOUS NAME

Enter the DBA name under which you are operating in this county below the name of the sole owner, partnership or corporation.

c. MAILING ADDRESS

Enter the mailing address of the legal entity shown in line 1a. above. This may be either a street address or a post office box number. It may differ from the actual location of the property. Include the city, state, and zip code.

d. PHONE NUMBER

Enter the phone number where we may contact you or your authorized representative for information regarding the subject property.

LINE 2. DESCRIPTION OF THE PROPERTY

Report each lease, parcel or "operating unit" on a separate report form. *Operating unit* refers to the accumulated total of wells producing in concert to supply a designated energy generation system. Fill in field, lease name, and unit number.

Conform to Division of Oil and Gas classification in regard to name of field, unit or lease.

LINE 3. PARCEL NUMBER

Fill in the parcel number and tax rate area number, if known.

- LINE 4. WELL DATA Indicate type
- **LINES 5.** Producing wells reported are those wells which actually contribute to normal unit production on a profitable basis. Indicate and 6. number producing and average well depth for the zone.
- LINE 7. Indicate number of shut in wells capable of production.
- LINE 8. Indicate number of idle wells incapable of production (a) with equipment intact, (b) without equipment intact.
- **LINE 9.** Indicate number of injection wells and average depth.
- **LINE 10.** Indicate number of water supply wells and check one of the boxes to indicate whether they are fresh or salt water wells.
- LINE 11. Indicate number of disposal wells and their average depth.



LINES 12. FIELD OPERATING EXPENSE

thru 29. Report direct field operating expenses only. Do not report capitalized items or royalty payments on these lines. Overhead expense applies to direct field overhead, district overhead, or any other direct overhead expenses relating to this lease or unit operation.

LINES 30. CAPITAL EXPENDITURES

thru 35. Wells, remedial well work, abandonments and surface investment are those incurred during the calendar year being reported. Do not include items such as roads under new well cost, but report these separately on line 33.

Do not include depreciation, depletion, amortization, interest, federal and state income taxes, property taxes, royalty payments, and general office overhead.

DECLARATION BY ASSESSEE

The law requires that this expense data statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a **corporation**, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a **partnership**, the declaration must be signed by a partner or an authorized employee or agent. In the case of a **Limited Liability Company** (LLC), the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs an expense data statement and who is required to have written authorization to provide proof of authorization.

An expense data statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned expense data statements.



EF-567-K-R07-0807-5300019