

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
GEOHERMAL SUNDRY NOTICE

FORM APPROVED  
OMB No. 1004-0132  
Expires: July 31, 1996

The Bureau of Land Management (BLM) requests this form or other BLM-approved forms to be prepared and filed in triplicate with requisite attachments with the authorized officer. The authorized officer must approve this permit prior to any lease operations.

6. Lease Serial No. OR 45505	
7. Surface Manager: <input type="checkbox"/> BLM <input checked="" type="checkbox"/> USFS <input type="checkbox"/> Other	
8. Unit Agreement Name Deschutes	
9. Well No. 23-22	10. Permit No.
11. Field or Area Newberry KGRA	
12. Sec., T., R., B. & M. S22, T21S, R12E, WB	
13. County Deschutes	
14. State Oregon	

1a. Well Type:  Production  Injection  Heat Exchange  Observation  Other

1b. Well Status:  
Shute In. / Suspended.

2. Name of Lessee/Operator  
ORNT 4

3. Address of Lessee/Operator  
980 Greg Street, Sparks, NV 89431-6039

4. Location of Well or Facility  
Off USFS Road 9735-600, First Right turn after gate.

5. Type of Work

<input type="checkbox"/> Change Plans	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Pull or Alter Casing
<input type="checkbox"/> Site and Road Construction	<input type="checkbox"/> Fracture Test	<input type="checkbox"/> Multiple Complete
<input type="checkbox"/> Construct New Production Facilities	<input type="checkbox"/> Shoot or Acidize	<input type="checkbox"/> Abandon
<input type="checkbox"/> Alter Existing Production Facilities	<input type="checkbox"/> Repair Well	<input checked="" type="checkbox"/> Other

15. Describe Proposed Operations (Use this space for well activities only. See instructions for current well conditions on reverse)

Place nitrogen gas cap in the well head.

16. Describe Proposed Operations (Use this space for all activities other than well work)

Repair fences and gates as needed. Secure site for winter.

17. I hereby certify that the foregoing is true and correct

Signed [Signature] CL MORRIS Title Regulatory Affairs Helms Date 11/02/01

Approved by [Signature] Title DEPUTY STATE GEOLOGIST Date 11/6/01  
Conditions of Approval, if any:  
ADEQUATE NOTICE TO WITNESS

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)