

GSN-050-01-45

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. <b>OR 45505</b>	
7. Surface Manager: <input type="checkbox"/> BLM <input checked="" type="checkbox"/> FS <input type="checkbox"/> Other	
8. Unit Agreement Name <b>Deschutes</b>	
9. Well No. <b>23-22</b>	10. Permit No. <b>GSN-050-01-45</b>
11. Field or Area <b>Newberry KGRA</b>	
12. Sec., T., R., B. & M. <b>22, T21S, R12E, WB&amp;M</b>	
13. County <b>Deschutes</b>	
14. State <b>OR</b>	

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

1b. Well Status: **Shut-in**

2. Name of Lessee/Operator  
**CE Exploration Co. & CalEnergy Operating Co.**

3. Address of Lessee/Operator  
**950 W. Lindsay Road, Calipatria CA 92233**

4. Location of Well or Facility  
**2000 ft south and 200 ft east of NW Corner Sec. 22**

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)

Discharge one bottle of nitrogen into the well bore and wellhead through a wellhead valve.

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

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

Signed [Signature] Title RESOURCE MANAGER Date 9/25/00

(This space for Federal use)

Approved by [Signature] Title Authorized Officer Date 10/03/2000  
Conditions of Approval, if any: See attached Conditions of Approval

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)