

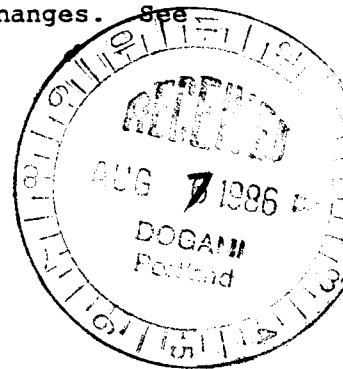
GEOTHERMAL SURVEY NOTICE

The U.S. Geological Survey requests this form or other Supervisor approved form to be prepared and filed in triplicate with requisite attachments with the Supervisor. The Supervisor must approve this permit prior to any lease operations.

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| <p>1a. WELL TYPE: PRODUCTION () INJECTION () HEAT EXCHANGE () OBSERVATION () OTHER <input checked="" type="checkbox"/></p> <p style="margin-left: 20px;">Temperature Gradient Core Hole</p> <p>1b. WELL STATUS: Not yet drilled.</p> <p>2. NAME OF LESSEE/OPERATOR California Energy Company, Inc.</p> <p>3. ADDRESS OF LESSEE/OPERATOR 3333 Mendocino Ave., Ste. 100, Santa Rosa, CA 95401</p> <p>13. LOCATION OF WELL OR FACILITY 1100'N and 1500'W of the SE Corner, Sec. 4.</p> <p>14. TYPE OF WORK</p> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">CHANGE PLANS <input checked="" type="checkbox"/></td> <td style="width:30%;">CONVERT TO INJECTION ()</td> <td style="width:30%;">FULL OR ALTER CASING ()</td> </tr> <tr> <td>SITE AND ROAD CONSTRUCTION ()</td> <td>FRACTURE TEST ()</td> <td>MULTIPLE COMPLETE ()</td> </tr> <tr> <td>CONSTRUCT NEW PRODUCTION FACILITIES ()</td> <td>SHOOT OR ACIDIZE ()</td> <td>ABANDON ()</td> </tr> <tr> <td>ALTER EXISTING PRODUCTION FACILITIES ()</td> <td>REPAIR WELL ()</td> <td>OTHER ()</td> </tr> </table> | CHANGE PLANS <input checked="" type="checkbox"/> | CONVERT TO INJECTION () | FULL OR ALTER CASING () | SITE AND ROAD CONSTRUCTION () | FRACTURE TEST () | MULTIPLE COMPLETE () | CONSTRUCT NEW PRODUCTION FACILITIES () | SHOOT OR ACIDIZE () | ABANDON () | ALTER EXISTING PRODUCTION FACILITIES () | REPAIR WELL () | OTHER () | <p>4. LEASE SERIAL NO. OR 11985</p> <p>5. SURFACE MANAGER: BLM () FB () Deschutes NF Other ()</p> <p>6. UNIT AGREEMENT NAME N/A</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">7. WELL NO. 76-4 (CE-NB-4)</td> <td style="width:50%;">8. PERMIT NO.</td> </tr> </table> <p>9. FIELD OR AREA North of Newberry KGRA</p> <p>10. SEC. T., R., S. & N. SW$\frac{1}{2}$, NE$\frac{1}{2}$, SE$\frac{1}{2}$</p> <p>Sec. 4, T21S, R12E</p> <p>11. COUNTY Deschutes</p> <p>12. STATE Oregon</p> | 7. WELL NO. 76-4 (CE-NB-4) | 8. PERMIT NO. |
| CHANGE PLANS <input checked="" type="checkbox"/> | CONVERT TO INJECTION () | FULL OR ALTER CASING () | | | | | | | | | | | | | |
| SITE AND ROAD CONSTRUCTION () | FRACTURE TEST () | MULTIPLE COMPLETE () | | | | | | | | | | | | | |
| CONSTRUCT NEW PRODUCTION FACILITIES () | SHOOT OR ACIDIZE () | ABANDON () | | | | | | | | | | | | | |
| ALTER EXISTING PRODUCTION FACILITIES () | REPAIR WELL () | OTHER () | | | | | | | | | | | | | |
| 7. WELL NO. 76-4 (CE-NB-4) | 8. PERMIT NO. | | | | | | | | | | | | | | |

15. DESCRIBE PROPOSED OPERATIONS (Use this space for well activities only. See instructions for current well conditions on reverse)

To change the drilling program to reflect new proposed depth of 5000±. A revised drilling permit form is attached for convenience in documentating the changes. See Items 19 and 21, and attached Drilling & Coring Procedures.



16. DESCRIBE PROPOSED OPERATIONS (Use this space for all activities other than well work)

(Use reverse side if needed)

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

| | | |
|------------------------------|------------------------------------------------|---------------------|
| SIGNED <u>James L. Moore</u> | TITLE <u>Senior Vice President Exploration</u> | DATE <u>7/31/86</u> |
| James L. Moore | | |

(This space for Federal use)

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| APPROVED BY <u>Maria L. Woodford</u> | TITLE _____ | DATE _____ |
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CONDITIONS OF APPROVAL, IF ANY:

This permit is required by Law (30 U.S.C. 1023); regulations: 30 CFR 270.34, 30 CFR 270.35, 30 CFR 270.45, 30 CFR 270.71-1, 30 CFR 270.72; Federal Geothermal Lease Terms and Stipulations and other regulatory requirements. The United States Criminal Code (18 U.S.C. 1001) makes it a criminal offense to make a willfully false statement or representation to any Department or Agency of the United States as to any matter within its jurisdiction.