

**GEOHERMAL 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.

1a. WELL TYPE: PRODUCTION ( ) INJECTION ( ) HEAT EXCHANGE ( ) OBSERVATION (X) OTHER ( )

1b. WELL STATUS:

Permanent abandonment

2. NAME OF LESSEE/OPERATOR

GEO NEWBERRY CRATER, INC./GEOOC

3. ADDRESS OF LESSEE/OPERATOR

61419 S Hwy 97, Suite A, Bend, Ore, 97702

13. LOCATION OF WELL OR FACILITY

3600'W & 2750'N of SW Corner of S25,T22S,R12E

14. TYPE OF WORK

|  |                          |                          |
|--|--------------------------|--------------------------|
| CHANGE PLANS ( )                         | CONVERT TO INJECTION ( ) | PULL OR ALTER CASING ( ) |
| SITE AND ROAD CONSTRUCTION ( )           | FRACTURE TEST ( )        | MULTIPLE COMPLETE ( )    |
| CONSTRUCT NEW PRODUCTION FACILITIES ( )  | SHOOT OR ACIDIZE ( )     | ABANDON (X)              |
| ALTER EXISTING PRODUCTION FACILITIES ( ) | REPAIR WELL ( )          | OTHER ( )                |

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

Proposed operation for permanently abandoning GEO N-1 is as follows:

- 1) Remove 7 1/16x4 1/2" HW well head, 2" ball valves, and 4" LP flange from 4 1/2" HW regular casing.
- 2) Separate 1.9"O.D./1.516"I.D./.145" wall tubing (J-55) from 4" LP flange with acetylene torch.
- 3) Verify with BLM Rep. the presence or absence of abandonment mud (Bentonite and Quik-Trol) inside 4 1/2" HW regular casing.
- 4) If abandonment mud is present inside casing:
  - a) Cement from 2 meters (6 feet) below ground level to a minimum depth of 15 meters (50 feet) with API class A Portland Slurry, if possible. (i.e., depends on level of abandonment mud).
  - b) Cap casing by welding steel plate on casing stub.
  - c) Backfill cellar and restore surface area as specified by USFS.
- 5) SEE THE ATTACHMENT:

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 Jody Sproun

TITLE Environmental Coord.

DATE 8/6/87

(This space for Federal use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: