APPLICATION FOR PERMIT TO DRILL A GEOTHERMAL WELL

(To be accompanied by a $25.00 permit fee for new wells only and a surety bond conditioned as provided by law.)

Department of Geology and Mineral Industries
Portland, Oregon 97201

In compliance with rules and regulations pursuant to ORS 522 (Chapter 776 OL 1971) application is hereby made for permit to drill

a (new well/ prospect well): Northwest Natural Gas Company U.S. Forest Service

Still Creek SE 1/4 of Well No. 1 in NW 1/4 of sec. 35 T. 35 R. 8E W. B. & M.,

Field, Clackamas County.

This well is 2,350 feet (S) of the north line and 1,850 feet (E) of the west line of Section 35.

(Give location from section or other legal subdivision lines or corners; cross out wrong directions.)

Elevation of ground above sea level is 3,100 feet. All depth measurements are taken from top of Rotary table, which is + 3.0' above ground.

The lessee is on application

Address U.S. Forest Service Mt. Hood District

The lessor is

Address

LOCATE WELL CORRECTLY

We propose to use the following strings of casing and to land or cement them as herein indicated:

<table>
<thead>
<tr>
<th>Size of hole</th>
<th>Size of casing</th>
<th>Weight in pounds per foot</th>
<th>Grade and type</th>
<th>New or second hand</th>
<th>Depth</th>
<th>Landed or cemented No. socks cement</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>8-5/8</td>
<td>22</td>
<td>F-25</td>
<td>New</td>
<td>100</td>
<td>Cement to Surface</td>
</tr>
</tbody>
</table>

Method of drilling: rotary X, cable ____, other ____.

Proposed objectives: Drill 6" hole to a depth of 1,000 ft. Install 2" tubing to 1,000 ft., capped on lower end and filled with water Monitor earth temperature

Northwest Natural Gas Company

By Edward J. Rowan Project Manager

Send communications regarding well to:

Name ____________________________

Address __________________________

Approved June 1, 1979

except as follows: Stipulations approved by the Governing Board of the Department will be made a condition of this permit.

DEPT. OF GEOLOGY & MINERAL INDUS.
By ____________________________ Director

(Submit in triplicate)