EF-567-K-R07-0807-03000411-1

BOE-567-K (S1F) REV. 7 (8-07)

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20___ ANNUAL GEOTHERMAL OPERATING EXPENSE DATA

OFFICIAL REQUIREMENT

A report submitted on this form is required of you by section 441(a) of the Revenue and Taxation Code (Code). The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20____. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Code section 463.

This statement is not a public document. The information contained herein will be held secret by the assessor (code section 451); it can be disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.

CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.

1. NAME AND MAILING ADDRESS *(make necessary corrections to the printed name and mailing address):*

2. DESCRIPTION OF THE PROPERTY *(a separate report must be filed for each property)*:

Field Name _____

Lease Name _____

PHONE NUMBER ( ) _____

3. PARCEL NUMBER: _____

Tax Rate Area _____

THIS IS A SAMPLE! DO NOT USE!

4. Well data: Type: ☐ Dry steam ☐ Water ☐ Hot rock

	NUMBER	AVERAGE WELL DEPTH	ASSESSOR'S USE ONLY
5. Producing wells flowing			
6. Producing wells pumping			
7. Shut-in wells capable of producing			
8. Idle wells incapable of producing			
a. With equipment			
b. Without equipment			
9. Injection wells			
10. Water supply: ☐ Fresh ☐ Salt			
11. Disposal wells			

FIELD OPERATING EXPENSES:*		ASSESSOR'S USE ONLY
12. Labor *(including employee benefits)*		
13. Materials and supplies *(expensed items only)*		
14. Well maintenance *(pulling, bailing, etc.)*		
15. Contract work and rentals		
16. Insurance		
17. Utilities		
18. Injection		
19. Transportation		
20. Waste water disposal		
21. Waste disposal (sludge)		
22. Overhead *(direct-field or district) (see instructions)*		
23. Other *(fully explain on attached sheet)*		
24.		
25.		
26.		
27.		
28.		
29. **TOTAL FIELD OPERATING EXPENSES**		

* **Do not include** depletion, depreciation, amortization, interest on loans, franchise and property taxes, state and federal income taxes, or royalty payments.

THIS REPORT SUBJECT TO AUDIT

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CAPITAL EXPENDITURES *(during the calendar year being reported)*: | **ASSESSOR'S USE ONLY**

30. New wells

WELL NUMBER	DATE BEGUN	DATE COMPLETED	TYPE*	DEPTH	FLOW CAPABILITY (Kg x 10^6/HR)	COST	
*P = Producing, I = Injection, D = Disposal					**TOTAL NEW WELL COST**		

31. Remedial well work

WELL NUMBER	DATE COMPLETED	DEPTH	COST		
			TOTAL REMEDIAL WELL WORK COST		

32. Abandonments

WELL NUMBER	DATE ABANDONED	DEPTH	COST	SALVAGE VALUE		
				TOTAL ABANDONMENT COST *(net)*		

33. Surface investment

Pads — Roads		
Facilities		
	TOTAL SURFACE INVESTMENT	

34. Other *(fully explain on attached sheet)*

35. **TOTAL CAPITAL EXPENDITURES**

THIS IS A SAMPLE! DO NOT USE!

DECLARATION BY ASSESSEE

Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.

I declare under penalty of perjury under the laws of the State of California that I have examined this expense data statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property and those expenses required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 ____.

OWNERSHIP TYPE (3)	SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* ▶		DATE
Proprietorship ☐	NAME OF ASSESSEE OR AUTHORIZED AGENT* *(typed or printed)*		TITLE
Partnership ☐	NAME OF LEGAL ENTITY (other than DBA) *(typed or printed)*		FEDERAL EMPLOYER ID NUMBER
Corporation ☐			
Other _____ ☐	PREPARER'S NAME AND ADDRESS *(typed or printed)*	TELEPHONE NUMBER ( )	TITLE

**Agent: See page S2B for Declaration by Assessee instructions.*

INSTRUCTIONS FOR COMPLETING THE ANNUAL GEOTHERMAL OPERATING EXPENSE DATA REPORT

Line numbers listed in these instructions refer to identical line numbers printed on the form. At top of form, fill in the year of the lien date for which this expense report is made.

LINE 1. DATE, NAME, MAILING ADDRESS AND PHONE NUMBER

a. NAME OF OPERATOR (person or corporation)

If the name is preprinted, check the spelling and correct any errors. In the case of an individual, enter the last name first, then the first name and middle initial. Partnerships must enter at least two names, showing the last name, first name, and middle initial for each partner. Corporation names should be complete so they will not be confused with fictitious or DBA (Doing Business As) names.

b. DBA OR FICTITIOUS NAME

Enter the DBA name under which you are operating in this county below the name of the sole owner, partnership or corporation.

c. MAILING ADDRESS

Enter the mailing address of the legal entity shown in line 1a. above. This may be either a street address or a post office box number. It may differ from the actual location of the property. Include the city, state, and zip code.

d. PHONE NUMBER

Enter the phone number where we may contact you or your authorized representative for information regarding the subject property.

LINE 2. DESCRIPTION OF THE PROPERTY

Report each lease, parcel or "operating unit" on a separate report form. *Operating unit* refers to the accumulated total of wells producing in concert to supply a designated energy generation system. Fill in field, lease name, and unit number.

Conform to Division of Oil and Gas classification in regard to name of field, unit or lease.

LINE 3. PARCEL NUMBER

Fill in the parcel number and tax rate area number, if known.

LINE 4. WELL DATA — Indicate type

LINES 5. and 6. Producing wells reported are those wells which actually contribute to normal unit production on a profitable basis. Indicate number producing and average well depth for the zone.

LINE 7. Indicate number of shut in wells capable of production.

LINE 8. Indicate number of idle wells incapable of production (a) with equipment intact, (b) without equipment intact.

LINE 9. Indicate number of injection wells and average depth.

LINE 10. Indicate number of water supply wells and check one of the boxes to indicate whether they are fresh or salt water wells.

LINE 11. Indicate number of disposal wells and their average depth.

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LINES 12. FIELD OPERATING EXPENSE

thru 29. Report direct field operating expenses only. Do not report capitalized items or royalty payments on these lines. Overhead expense applies to direct field overhead, district overhead, or any other direct overhead expenses relating to this lease or unit operation.

LINES 30. CAPITAL EXPENDITURES

thru 35. Wells, remedial well work, abandonments and surface investment are those incurred during the calendar year being reported. Do not include items such as roads under new well cost, but report these separately on line 33.

Do not include depreciation, depletion, amortization, interest, federal and state income taxes, property taxes, royalty payments, and general office overhead.

DECLARATION BY ASSESSEE

The law requires that this expense data statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a **corporation,** the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a **partnership,** the declaration must be signed by a partner or an authorized employee or agent. In the case of a **Limited Liability Company** (LLC), the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs an expense data statement and who is required to have written authorization to provide proof of authorization.

An expense data statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned expense data statements.

THIS IS A SAMPLE! DO NOT USE!