| EF-567-D-R06-0806-11000211-1  |
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| BOE-567-D (S1F) REV. 6 (8-06) |

| 20 | CECTUEDAAAI | DDODLICTION | DEDODE |
|----|-------------|-------------|--------|
| 20 | GEOTHERMAL  | PRODUCTION  | KEPOKI |

# **Sendy Perez** Glenn County Assessor/Clerk/Recorder

516 W. SYCAMORE ST., 2ND FLOOR WILLOWS, CA 95988 Phone: (530) 934-6402 FAX: (530) 934-6571

#### 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 staten CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.  1. NAME AND MAILING ADDRESS |                         |                                 |                                     | 2. DESCRIPTION OF THE PROPERTY: (a separate report must be filed for each property) |   |  |  |              |           |
|---|-------------------------|---------------------------------|-------------------------------------|---|---|--|--|--------------|-----------|
| Ċ   |                         |                                 |                                     |   |   |  |  |              |           |
|   |                         |                                 |                                     |   |   | Lease name                                       |  |              |           |
|   |                         |                                 | HI .                                |   |   |  |  |              |           |
|   |                         |                                 |                                     |   |   | 3. PARCEL NUMBER                                 |  |              |           |
|   |                         |                                 |                                     |   |   | Tax rate area                                    | ```                                    |              |           |
| L   | (Make necessary c       | corrections to printed          | name and mailing address            | s)  |   | 4. PHONE NUMBER(                                 | )                                      |              |           |
|   |                         | NUMBER OF<br>PRODUCING<br>WELLS | DRY STEAM<br>PRODUCED<br>(Kg x 10°) | WATER<br>PRODUCED<br>(Kg x 10 <sup>6</sup> )  | IF NO NET MASS WITHDRAWAL, GROSS ENERGY PRODUCED (JOULES x 10°) | MINERALS<br>PRODUCED,<br>SHOW TYPE<br>(Kg x 10°) | METHOD OF<br>OPERATION<br>F, P, H, E * | MEGAWATTS (  | GENERATED |
| 5.  | JANUARY                 |                                 |                                     |   |   |  |  |              |           |
|   | FEBRUARY                |                                 |                                     |   |   |  |  |              |           |
|   | MARCH                   |                                 |                                     |   |   |  |  |              |           |
|   | APRIL                   |                                 |                                     |   |   |  |  |              |           |
|   | MAY                     |                                 |                                     |   |   |  |  |              |           |
|   | JUNE                    |                                 |                                     |   |   |  |  |              |           |
|   | JULY                    |                                 |                                     |   |   |  |  |              |           |
|   | AUGUST                  |                                 |                                     |   |   |  |  |              |           |
|   | SEPTEMBER               |                                 |                                     |   |   |  |  |              |           |
|   | OCTOBER                 |                                 |                                     |   |   |  |  |              |           |
|   | NOVEMBER                |                                 |                                     |   |   |  |  |              |           |
|   | DECEMBER                |                                 |                                     |   |   |  |  |              |           |
| 6.  | YEAR'S TOTAL            |                                 |                                     |   |   |  | * * * * *                              |              |           |
|   |                         |                                 |                                     | (Use separa   | te sheets as needed for the following                           | g)   | * F – FLOW P – PUMP                    | H – HEAT E – | EXCHANGE  |
| 7.  | NAME OF ENERGY BUYE     | ER                              |                                     |   |   |  | ASSESSOR'S USE ONLY                    |              |           |
| 8.  | DATE OF SALES CONTRA    | ACT                             |                                     |   |   |  |  |              |           |
| 9.  | CONTRACT BASIS          |                                 |                                     |   |   |  |  |              |           |
| 10.   | LIEN DATE PRICE/UNIT    |                                 |                                     |   |   |  |  |              |           |
| 11.   | IS THIS A PILOT PROJECT | T? Yes No                       |                                     |   |   |  |  |              |           |
| 12.   | PROVED RESERVES         |                                 |                                     |   |   |  |  |              |           |
|   | As of year end:         |                                 |                                     |   |   |  |  |              |           |
|   | Developed               |                                 |                                     |   |   |  |  |              |           |
|   | Undeveloped             |                                 |                                     |   |   |  |  |              |           |
|   | Describe method utilize | ed by company in classif        | ying reserve estimates in Item      | 13 on the reverse.  |   |  |  |              |           |
|   |                         |                                 |                                     |   |   |  |  |              |           |

THIS REPORT SUBJECT TO AUDIT



|                         | DESCRIPT COMPANY METHOD OF COMPUTING DESCRIPT SETUMPS   |   |  |  |  |  |  |
|-------------------------|---|---|--|--|--|--|--|
| 13.                     | DESCRIBE COMPANY METHOD OF COMPUTING RESERVE ESTIMATES  |   |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
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|                         |   |   |  |  |  |  |  |
| _                       |   |   |  |  |  |  |  |
| 14.                     | CHANGE OF OWNERSHIP (working interest only)   |   |  |  |  |  |  |
|                         | a. Has there been a change of ownership in the working interest of this property since January 1 last year?   | Yes No Date   |  |  |  |  |  |
|                         | b. Was this change of ownership in the working interest a partial or divided interest?  | _   |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
|                         | c. If so, what was the percentage that transferred  |   |  |  |  |  |  |
|                         | d. Name or names of new owners  |   |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
|                         | Address   |   |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
| 15.                     | REMARKS   |   |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
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|                         |   | <del>_</del>  |  |  |  |  |  |
|                         | ASSESSOR'S USE ONLY   |   |  |  |  |  |  |
| _                       |   |   |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
|                         | DECLARATION DV ACCECCE  |   |  |  |  |  |  |
|                         | DECLARATION BY ASSESSEE   | de mas de la transcripción de la constante                  |  |  |  |  |  |
|                         | Note: The following declaration must be completed and signed. If you brietorship I declare under penalty of perjury under the laws of the State of California that I have expenses. |   |  |  |  |  |  |
| Part                    | nership ing schedules, statements or other attachments, and to the best of my knowledge and   | d belief it is true, correct, and complete and includes all |  |  |  |  |  |
| Cor <sub>l</sub><br>Oth | production and all property required to be reported which is owned, claimed, possess assesse in this statement at 12:01 a.m. on January 1, 20                                       | ed, controlled, or managed by the person named as the       |  |  |  |  |  |
|                         | TURE OF ASSESSEE OR AUTHORIZED AGENT*   | DATE  |  |  |  |  |  |
|                         |   |   |  |  |  |  |  |
| NAME                    | OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)   | TITLE   |  |  |  |  |  |
| -                       |   |   |  |  |  |  |  |
| NAME                    | OF LEGAL ENTITY (other than DBA) (typed or printed)   | FEDERAL EMPLOYER ID NUMBER                                  |  |  |  |  |  |
| DDEDA                   | RER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER   | TITLE   |  |  |  |  |  |
| THEF                    | ILLEFTIONE NUMBER   |   |  |  |  |  |  |
|                         |   | I .   |  |  |  |  |  |

\*Agent: see page S2B for Declaration by Assessee instructions.



#### INSTRUCTIONS FOR COMPLETING GFOTHERMAL PRODUCTION 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 production report is made.

If this report is prepared prior to January 1, any change in real property between the date as of which the report is prepared and January 1 must be reported to the Assessor on a supplemental report.

All personal property owned by the respondent and any property belonging to others on the lease as of January 1 must be reported to the Assessor on the BOE-566-J, Oil, Gas, and Geothermal Personal Property Statement.

#### LINE 1. DATE, NAME, AND MAILING ADDRESS

## a.NAME OF OPERATOR (person or corporation)

If the name is preprinted, check the spelling and correct any error. 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.

# 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, unit number or lease name. Conform to Division of Oil and Gas classification in regard to name of field, or lease. Submit a separate form for each lease or unit. Conform to Division of Oil and Gas classification in regard to name of field or lease.

#### LINE 3. PARCEL NUMBER

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

#### LINE 4. PHONE NUMBER

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

### LINE 5. PRODUCTION

Indicate the calendar year for which production is being reported. Report number of producing wells, dry steam produced, water produced, energy produced, minerals produced, method of operation and megawatts generated, as applicable, by months on a calendar year basis. Use metric units. New wells and/or abandonments should be reported separately on the BOE-567-K, Annual Geothermal Operating Expense Data.

- LINE 6. Report accumulated production for the calendar year.
- LINE 7. Indicate the name or names of the energy buyer.
- LINE 8. Indicate the date of the sales contract and any dates involving renegotiation of the price per unit of energy produced.
- LINE 9. Indicate contract basis. Utilize remarks section on back of form if necessary. Contract basis refers to the method used by the energy purchaser to compute the price you receive per unit sold. Separately show any other income received, for example, injection allowance.



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- LINE 10. Indicate lien date price/unit of energy produced. Show whether other income is included or excluded, such as injection allowance.
- LINE 11. A pilot project is an experimental one (generally one in which there is no positive net income).
- LINES 12 Cite volume of proven reserves as defined by your company. Describe the method your company uses in classifying and 13 reserve estimates.
- LINE 14. Change of ownership information. Indicate any changes in the ownership of the operating or working interest in this field, lease, or unit. Cite the name and address of any new owners and the percentage of change affected.

#### **DECLARATION BY ASSESSEE**

The law requires that this production report, 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 a production report and who is required to have written authorization to provide proof of authorization.

A production report 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 production reports.



