#### 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 \_

| FIELD OPERATING EXPENSES:*   Assessors'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      22. Overhead (direct-field or district) (see instructions)      23. Other (fully explain on attached sheet)      24.       25.       26.       27. Transportation       28.   | 4. Well data: Type: Dry steam Water Hot rock               | ASSESSOR'S USE |                    |      |
|---|--|----------------|--------------------|------|
| 6. Producing wells pumping   Image: Constraint of the scapable of producing   Image: Constraint of the scapable of producing     8. Idle wells incapable of producing   Image: Constraint of the scapable of producing   Image: Constraint of the scapable of producing     8. Idle wells incapable of producing   Image: Constraint of the scapable of producing   Image: Constraint of the scapable of producing     9. Injection wells   Image: Constraint of the scapable of producing   Image: Constraint of the scapable of producing     10. Water supply:   Presh   Salt   Image: Constraint of the scape of the scale of the scape of the scale of the scape of the scale  |  | NUMBER         | AVERAGE WELL DEPTH | ONLY |
| 7. Shut-in wells capable of producing   | 5. Producing wells flowing                                 |                |                    |      |
| 8. Idle weils incapable of producing  | 6. Producing wells pumping                                 |                |                    |      |
| a. With equipment   | 7. Shut-in wells capable of producing                      |                |                    |      |
| b. Without equipment  | 8. Idle wells incapable of producing                       |                |                    |      |
| 9. Injection wells   Image: Construction of the section of the sect                    |  |                |                    |      |
| 10. Water supply:   Fresh   Salt   ASSESSOR'S USE ONLY     ASSESSOR'S USE ONLY     FIELD OPERATING EXPENSES:*   ASSESSOR'S USE ONLY     TELD OPERATING EXPENSES:*   ASSESSOR'S USE ONLY     12. Labor (including employee benefits)     12. Labor (including employee benefits)     13. Materials and supplies (expensed items only)     14. Well maintenance (puling, bailing, etc.)     15. Contract work and rentals     16. Insurance     17. Utilities     17. Utilities (instructions)     18. Injection     19. Orter fully explain on attached sheet)     19. Orter fully explain on attached sheet)     19. Orter fully explain on attached sheet)     20. Orter fully explain on attached sheet)     16. Inter  |  |                |                    |      |
| I1. Disposal wells   ASSESSOR'S USE ONLY     FIELD OPERATING EXPENSES:*   ASSESSOR'S USE ONLY     12. Labor (including employee benefits)   I     13. Materials and supplies (expensed items only)   I     14. Well maintenance (pulling, bailing, etc.)   I     15. Contract work and rentals   I     16. Insurance   I     17. Utilities   I     18. Injection   I     19. Transportation   I     20. Waste water disposal   I     21. Waste disposal   I     22. Overhead (direct-field or district) (see instructions)   I     23. Other (fully explain on attached sheet)   I     24.   I   I     25.   I   I     26.   I   I     27. Cata   I   I     28.   I   I   |  |                |                    |      |
| FIELD OPERATING EXPENSES:*   Assessors'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      22. Overhead (direct-field or district) (see instructions)      23. Other (fully explain on attached sheet)      24.       25.       26.       27. Transportation       28.   |  |                |                    |      |
| Inclusion Financial ConcentionONLY12. Labor (including employee benefits)Image: Image: Ima                            | 11. Disposal wells   |                |                    |      |
| 13. Materials and supplies (expensed items only)   Image: Contract work and rentals     14. Well maintenance (pulling, bailing, etc.)   Image: Contract work and rentals     15. Contract work and rentals   Image: Contract work and rentals     16. Insurance   Image: Contract work and rentals     17. Utilities   Image: Contract work and rentals     18. Injection   Image: Contract work and rentals     19. Transportation   Image: Contract work and rentals     20. Waste water disposal   Image: Contract work and rentals     21. Waste disposal (sludge)   Image: Contract work and rentals (special contractions)     22. Overhead (direct-field or district) (see instructions)   Image: Contract work and rentals (special contractions)     23. Other (fully explain on attached sheet)   Image: Contract work and rentals (special contractions)     24.   Image: Contract work and rentals (special contractions)     25.   Image: Contract work and rentals (special contractions)     26.   Image: Contract (special contraction contracticon contracticon contraction contraction contra   | FIELD OPERATING EXPENSES:*                                 |                |                    |      |
| 14. Well maintenance (pulling, bailing, etc.)   Image: Contract work and rentals   Image: Contract work and rentals     15. Contract work and rentals   Image: Contract work and rentals   Image: Contract work and rentals     16. Insurance   Image: Contract work and rentals   Image: Contract work and rentals     16. Insurance   Image: Contract work and rentals   Image: Contract work and rentals     17. Utilities   Image: Contract work and rentals   Image: Contract work and rentals     18. Injection   Image: Contract work and rentals   Image: Contract work and rentals     19. Transportation   Image: Contract work and rentals   Image: Contract work and rentals     20. Waste water disposal   Image: Contract work and rentals (sludge)   Image: Contract work and rentals (sludge)     21. Waste disposal (sludge)   Image: Contract work and rentals (sludge)   Image: Contract work and rentals (sludge)     22. Overhead (direct-field or district) (see instructions)   Image: Contract work and rentals (sludge)   Image: Contract work and rentals (sludge)     23. Other (fully explain on attached sheet)   Image: Contract work and rentals (sludge)   Image: Contract work and rentals (sludge)     24.   Image: Contract work and rentals (sludge)   Image: Contract work and rentals (sludge)   Image: Contract work and rentals (sludge)     <  | 12. Labor (including employee benefits)                    |                |                    |      |
| 15. Contract work and rentals   Image: Contract work and rentals     16. Insurance   Image: Contract work and rentals     17. Utilities   Image: Contract work and rentals     18. Injection   Image: Contract work and rentals     19. Transportation   Image: Contract work and rentals     20. Waste water disposal   Image: Contract work and rentals     21. Waste disposal (sludge)   Image: Contract work and rentals     22. Overhead (direct-field or district) (see instructions)   Image: Contract work and rentals     23. Other (fully explain on attached sheet)   Image: Contract work and rentals     24.   Image: Contract work and rentals     25.   Image: Contract work and rentals     26.   Image: Contract work and rentals     27.   Image: Contract work and rentals     28.   Image: Contract work and rentals  | 13. Materials and supplies (expensed items only)           |                |                    |      |
| 16. InsuranceInsurance17. UtilitiesInsurance18. InjectionInsurance19. TransportationInsurance20. Waste water disposalInsurance21. Waste disposal (sludge)Insurance22. Overhead (direct-field or district) (see instructions)Insurance23. Other (fully explain on attached sheet)Insurance24.Insurance25.Insurance26.Insurance27.Insurance28.Insurance   | 14. Well maintenance (pulling, bailing, etc.)              |                |                    |      |
| 17. UtilitiesImage: constraint of the second se | 15. Contract work and rentals                              |                |                    |      |
| 18. Injection19. Transportation10. 119. Transportation10. 1120. Waste water disposal10. 1121. Waste disposal (sludge)10. 1122. Overhead (direct-field or district) (see instructions)10. 1123. Other (tully explain on attached sheet)10. 1124.10. 11125.10. 11126.10. 11127.10. 11128.10. 111  | 16. Insurance  |                |                    |      |
| 19. Transportation   Image: Construction of the time of ti                    | 17. Utilities  |                |                    |      |
| 20. Waste water disposalImage: Construction of the second of  | 18. Injection  |                |                    |      |
| 21. Waste disposal (sludge)   Image: Construction of the struction of the structi                    | 19. Transportation   |                |                    |      |
| 22. Overhead (direct-field or district) (see instructions) Image: Construction (See instructions)   23. Other (fully explain on attached sheet) Image: Construction (See instruction (See instructinstructinstruction (See instruction (See instruction (See instruc   | 20. Waste water disposal                                   |                |                    |      |
| 23. Other (fully explain on attached sheet) Image: Constraint on attached sheet)   24. Image: Constraint on attached sheet)   25. Image: Constraint on attached sheet)   26. Image: Constraint on attached sheet)   27. Image: Constraint on attached sheet)   28. Image: Constraint on attached sheet)   | 21. Waste disposal (sludge)                                |                |                    |      |
| 24. Image: Constraint of the second      | 22. Overhead (direct-field or district) (see instructions) |                |                    |      |
| 25. Image: Second Sec      | 23. Other (fully explain on attached sheet)                |                |                    |      |
| 26. Image: Constraint of the second      | 24.  |                |                    |      |
| 26. Image: Constraint of the second      | 25.  |                |                    |      |
| 28.   | 26.  | ·              |                    |      |
|   | 27.  |                |                    |      |
| 29. TOTAL FIELD OPERATING EXPENSES  | 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



County of Inyo Dave Stottlemyre, Assessor PO Box J Independence, CA 93526 760 878-0302 Phone

inyoassessor@inyocounty.us

| CAPITAL EXPENDITURES (during the calendar year being reported): |                    |                   |               |           |                                  |      | ASSESSOR'S USE ONLY |
|---|--------------------|-------------------|---------------|-----------|----------------------------------|------|---------------------|
| 30. New wells   |                    |                   |               |           |                                  |      |                     |
| WELL NUMBER   | DATE BEGUN         | DATE<br>COMPLETED | TYPE*         | DEPTH     | FLOW CAPABILITY<br>(Kg x 10%/HR) | COST |                     |
|   |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
| *P = Producing, I = I   | njection, D = Disp | oosal             |               |           | TOTAL NEW WELL COST              |      |                     |
| 31. Remedial well w   |                    |                   |               |           |                                  |      |                     |
| WELL NUMBER DATE COMPLETED                                      |                    | OMPLETED          | DEPTH         |           | COST                             |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               | TOTAL REM | EDIAL WELL WORK COST             |      |                     |
| 32. Abandonments  |                    |                   |               |           |                                  |      |                     |
| WELL NUMBER DATE ABANDONED DEPTH COS                            |                    | COST              | SALVAGE VALUE |           |                                  |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               |           | BANDONMENT COST (net)            |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
| 33. Surface investm   | ient               |                   |               |           |                                  |      |                     |
| Pads — Roads  |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
| Facilities  |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               |           |                                  |      |                     |
|   |                    |                   |               | TOTAL S   | SURFACE INVESTMENT               |      |                     |
| 34. Other (fully expl   | lain on attached s | sheet)            |               |           |                                  |      |                     |
| 35. TOTAL CAPITA  |                    | ES                |               |           |                                  |      |                     |

#### **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      |  | SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*               | DATE                       |       |
|----------------|--|--|----------------------------|-------|
| TYPE (3)       |  |  |                            |       |
| 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. 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.



### 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.

