

**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES**

**APPLICATION FOR PERMIT
TO CONVERT A GEOTHERMAL INJECTION WELL**

_____, Idaho _____, _____, _____
(City) (Month) (Day) (Year)

I, _____, do hereby give notice of intent to convert
well number _____ to injection.

Said well is located in _____ ¼, _____ ¼, Section _____, Township _____, Range _____, B.M
_____ County.

1. Reason for injection _____
2. Present use of well _____
3. Depth of well _____
4. Casing program, including plugs, liners, etc. _____

5. Elevation of land surface at well head _____
6. Zone or formation to receive injection fluid _____
7. Existing reservoir conditions _____

8. Method of injection _____
9. Source of injection fluid _____
10. Quantity of fluid to be injected _____ cfs _____ Ac-ft/annum. _____
11. Attach analyses of fluid to be injected and receiving fluid.
12. Date of proposed conversion to injection _____

Operator _____ Address _____
 Date _____, _____ Telephone _____
 (Month) (Day) (Year)

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This application has been reviewed in accordance with Title 42, Chapter 40, Idaho Code and is hereby
subject to the following limitations and conditions:

Date Director

