STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT
TO CONVERT A GEOTHERMAL INJECTION WELL

________________________________________ , Idaho    __________________ (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 ______________ (Month) ______________ (Day) ______________ (Year) Telephone __________________________

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