

STATE OF NEVADA
DEPARTMENT OF MINERALS
400 W. King Street, Suite 106
Carson City, Nevada 89710
(702) 885-5050

Original—Dept. Well File
Duplicate—Dept. NBM&G File

REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of DECEMBER, 19 90

Address P.O. BOX 1447, ELKO, NEVADA 89801

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

Field and lease name	Well No.	Fluids injected		Injection pressure	Reservoir formation	Reservoir depth
		Gas or other	MCF or Bbl.			
BLACKBURN UNIT #12	12	WATER	126879	625	NEVADA DOLOMITE	8134

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature *ALT Hansen*

Position SECRETARY

Date JANUARY 26, 19 91

STATE OF NEVADA
 DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
 (702) 885-5050

Original—Dept. Well File
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REPORT OF SUBSURFACE INJECTIONS

Producer ETROLEUM CORPORATION OF NEVADA Month of NOVEMBER, 1990
 Address P.O. BOX 1447, ELKO, NEVADA 89801

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

Field and lease name	Well No.	Fluids injected		Injection pressure	Reservoir formation	Reservoir depth
		Gas or other	MCF or Bbl.			
BLACKBURN UNIT #12	12	Water	117089	560	NEVADA DOLOMITE	8134

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature *W. Hansen*

Position SECRETARY

Date JANUARY 20, 1991

STATE OF NEVADA
 DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
 (702) 885-5050

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Dept. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of OCTOBER, 1990
 Address P.O. BOX 1447, ELKO, NEVADA 89801

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

Field and lease name	Well No.	Fluids injected		Injection pressure	Reservoir formation	Reservoir depth
		Gas or other	MCF or Bbl.			
BLACKBURN UNIT #12	12	WATER	103,192	560	NEVADA DOLOMITE	8134

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature *W. Hansen*

Position SECRETARY

Date DECEMBER 12, 1990

STATE OF NEVADA
 DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
 (702) 885-5050

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REPORT OF SUBSURFACE INJECTIONS Dept. of Minerals

Producer PETROLEUM CORPORATION OF NEVADA Month of SEPTEMBER, 1990.
 Address P.O. BOX 1447, ELKO, NEVADA 89801

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

Field and lease name	Well No.	Fluids injected		Injection pressure	Reservoir formation	Reservoir depth
		Gas or other	MCF or Bbl.			
BLACKBURN UNIT WELL #12	12	Water	119284	450	NEVADA DOLOMITE	8134

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature *W. T. Hansen*

Position SECRETARY

Date OCTOBER 29, 1990

STATE OF NEVADA
DEPARTMENT OF MINERALS

Original—Dept. Well File
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400 W. King Street, Suite 106
Carson City, Nevada 89710
(702) 885-5050

REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of AUGUST, 1990

Address P.O. BOX 1447, ELKO, NEVADA 89801

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

Field and lease name	Well No.	Fluids injected		Injection pressure	Reservoir formation	Reservoir depth
		Gas or other	MCF or Bbl.			
BLACKBURN UNIT #12	12	WATER	125,118	450	NEVADA DOLOMITE	8134

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature *Al Hansen*

Position SECRETARY

Date OCTOBER 1, 1990

STATE OF NEVADA
 DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
 (702) 885-5050

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REPORT OF SUBSURFACE INJECTIONS **Dept. of Minerals**

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... JULY 19 90

Address..... P.O. BOX 1447, ELKO, NEVADA 89801

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

Field and lease name	Well No.	Fluids injected		Injection pressure	Reservoir formation	Reservoir depth
		Gas or other	MCF or Bbl.			
BLACKBURN UNIT # 12	12	Water	124392	450	NEVADA DOLOMITE	8134

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature..... *St. Hansen*

Position..... SECRETARY

Date..... SEPTEMBER 9, 1990 19.....

STATE OF NEVADA
 DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
 (702) 885-5050

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REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of JUNE, 1990

Address P.O. BOX 1447, ELKO, NEVADA 89801

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Field and lease name	Well No.	Fluids injected		Injection pressure	Reservoir formation	Reservoir depth
		Gas or other	MCF or Bbl.			
BLACKBURN UNIT #12	12	WATER	114265	450	NEVADA dolomite	8134

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature *[Handwritten Signature]*

Position SECRETARY

Date AUGUST 6, 1990, 1990

STATE OF NEVADA
 DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
 (702) 885-5050

Original—Dept. Well File
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REPORT OF SUBSURFACE INJECTIONS

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....MAY....., 19..90
 Address.....P.O. BOX 1447, ELKO, NEVADA 89801.....

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

Field and lease name	Well No.	Fluids injected		Injection pressure	Reservoir formation	Reservoir depth
		Gas or other	MCF or Bbl.			
BLACKBURN UNIT #12	12	WATER	116988	450	NEVADA	8134

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature.....*[Handwritten Signature]*.....

Position.....SECRETARY.....

Date.....JULY 6....., 19..90

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 DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
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REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of APRIL, 1990.

Address P.O. BOX 1447, ELKO, NEVADA 89801

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

Field and lease name	Well No.	Fluids injected		Injection pressure	Reservoir formation	Reservoir depth
		Gas or other	MCF or Bbl.			
BLACKBURN UNIT #12	12	Water	109544	450	Nevada Dolomite	8134

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature *W. Hansen*

Position Secretary

Date May 23, 1990

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400 W. King Street, Suite 106
 Carson City, Nevada 89710 APR 25 1990
 (702) 885-5050

DEPT OF MINERALS
 REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of MARCH, 19 90

Address P.O. Box 1447, Elko, Nevada 89801

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

Field and lease name	Well No.	Fluids injected		Injection pressure	Reservoir formation	Reservoir depth
		Gas or other	MCF or Bbl.			
BLACKBURN UNIT #12	12	Water	116738	450	Nevada Dolomite	8134

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature *Al Hansen*

Position Secretary

Date April 26, 19 90

STATE OF NEVADA
 DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
 (702) 885-5050

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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... FEBRUARY 19. 90
 Address..... P.O. Box 1447 ELKO, NEVADA 89801

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

Field and lease name	Well No.	Fluids injected		Injection pressure	Reservoir formation	Reservoir depth
		Gas or other	MCF or Bbl.			
BLACKBURN UNIT #12 (Wildcat)	12	Water	112,181	450	Nevada Dolomite	8134

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature..... *[Handwritten Signature]*

Position..... Secretary

Date..... March 6 1990

STATE OF NEVADA
 DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
 (702) 885-5050

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REPORT OF SUBSURFACE INJECTIONS

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....JANUARY....., 1990.
 Address.....P.O. BOX 1447, ELKO, NEVADA 89801.....

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

Field and lease name	Well No.	Fluids injected		Injection pressure	Reservoir formation	Reservoir depth
		Gas or other	MCF or Bbl.			
BLACKBURN UNIT #12 (Wildcat)	12	Water	113638	450	Nevada Dolomite	8134

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature.....*Neville Clutter*.....
 Position.....Secretary.....
 Date.....February 12....., 1990.....