

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....., 1991
 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	WATER	127486	640	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. J. Hansen*.....
 Position.....SECRETARY.....
 Date.....JANUARY 27....., 1992

STATE OF NEVADA
 DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
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REPORT OF SUBSURFACE INJECTIONS

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....NOVEMBER....., 19.91.
 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	WATER	119592	640	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 8....., 19.92.

STATE OF NEVADA
 DEPARTMENT OF MINERALS
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Dept. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... OCTOBER 19⁹¹
 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	WATER	126168	644	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. Hanson*

Position..... SECRETARY

Date..... DECEMBER 12, 19⁹¹

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REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of SEPTEMBER, 1991
 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	WATER	121021	640	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 *John Hansen*

Position SECRETARY

Date OCTOBER 24, 1991

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 AUGUST, 1991

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	WATER	121403	645	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 SEPTEMBER 26, 1991

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....., 1991...

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	WATER	116,882	641	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. R. Hansen*.....

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

Date.....JULY 30....., 1991

STATE OF NEVADA
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REPORT OF SUBSURFACE INJECTIONS

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....MAY....., 19 91
 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	WATER	121268	615	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.....*July 12*....., 19 91

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DEPARTMENT OF MINERALS

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REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of MARCH, 19 91

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	WATER	113414	650	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 APRIL 26, 19 91

STATE OF NEVADA
DEPARTMENT OF MINERALS

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REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of APRIL, 1991
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	WATER	111784	605	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 JUNE 4, 1991

STATE OF NEVADA
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 400 W. King Street, Suite 106
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 (702) 885-5050

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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... FEBRUARY 19 91
 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	100774	650	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..... MARCH 26 19 91

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REPORT OF SUBSURFACE INJECTIONS *Dept. of Minerals*

Producer PETROLEUM CORPORATION OF NEVADA Month of JANUARY, 19 91
 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	109419	675	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 MARCH 16, 19 91