

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
 1992

REPORT OF SUBSURFACE INJECTIONS

Producer... PATROLEUM CORPORATION OF NEVADA Month of... DECEMBER
 Address... P.O. BOX 1447, ELKO, NEVADA 89803

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	122810	540	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... FEBRUARY 1, 1993

STATE OF NEVADA
DEPARTMENT OF MINERALS

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Dept. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA..... Month of..... NOVEMBER....., 19..92

Address..... P.O. BOX 1447 ELKO, NEVADA 89803.....

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	122148	755	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..... JANUARY 6....., 19..93

STATE OF NEVADA
DEPARTMENT OF MINERALS

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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... OCTOBER 19 92
Address..... P.O. BOX 1447, ELKO, NEVADA 89803

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	126430	940	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..... DECEMBER 2 19 92

STATE OF NEVADA
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REPORT OF SUBSURFACE INJECTIONS Dept. of Minerals

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....SEPTEMBER....., 19 92

Address.....P.O. BOX 1447, elko, nevada 89803.....

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	121795	950	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.....NOVEMBER 12....., 19 92

STATE OF NEVADA
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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... AUGUST 19 92

Address..... P.O. BOX 1447, ELKO, NV. 89803

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	125958	840	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 28 19 92

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.....JULY....., 1992...
 Address..... P.O. BOX 1447, ELKO, NEVADA 89803

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	133,811	890	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. H. Hansen*.....
 Position..... SECRETARY

Date..... AUGUST 24 92
, 19.....

STATE OF NEVADA
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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... JUNE 19⁹²
Address..... P.O. BOX 1447, ELKO, NEVADA 89803

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	137,238	840	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..... JULY 21 19⁹²

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DEPARTMENT OF MINERALS
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REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of MAY, 1992
Address P.O. BOX 1447, ELKO, NEVADA 89803

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	133,122	840	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 30, 1992

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.....APRIL....., 1992.....

Address.....P.O. BOX 1447, ELKO, NEVADA 89803.....

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	125600	840	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 8....., 19.....92.....

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Dept. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... MARCH 19 92
 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	131515	820	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..... MAY 5 19 92

STATE OF NEVADA
 DEPARTMENT OF MINERALS
 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....., 19.92
 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	123,903	840	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*

SECRETARY

Position.....

Date..... MAY 5....., 19.92

STATE OF NEVADA
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REPORT OF SUBSURFACE INJECTIONS

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....JANUARY....., 1992...

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	126,510	840	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 2....., 1992.....