

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

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Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... DECEMBER, 19⁹³
 Address..... P.O. NOX 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	111052	555	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..... FEBRUARY 2, 19⁹⁴

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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... OCTOBER 19 93
 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	136499	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..... OCTOBER 9 1993..

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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... SEPTEMBER 19 93
 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	129323	575	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..... OCTOBER 23 93

STATE OF NEVADA
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Dept. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer.....PETROLEUM CORPORATION OF NEVADA.....

Month of.....AUGUST.....

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	131054	565	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 5, 1993....., 19.....

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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... JULY, 19 93
 Address..... P.O. BOX 1447, ELKO, NEVADA 89803

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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	129526	580	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..... SEPTEMBER 1, 19 93

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REPORT OF SUBSURFACE INJECTIONS

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....JUNE....., 1993.....
 Address.....P.O. BOX 1447, ELKO, NV. 89803.....

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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	103322	550	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 22, 1993....., 19.....

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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... MAY 1993
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	119176	550	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..... *P. Hansen*
Position..... SECRETARY
Date..... JULY 12, 1993 19.....

STATE OF NEVADA
DEPARTMENT OF MINERALS

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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... APRIL 93
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	122024	550	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..... *M. Hansen*
Position..... SECRETARY
Date..... MAY 24 93

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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... MARCH 19 93

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	132315.	550	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..... *J. Hansen*

Position..... SECRETARY

Date..... APRIL 26, 19 93

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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... FEBRUARY 19⁹³
 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	116523	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. T. Hansen*
 Position..... SECRETARY
 Date..... MARCH 28 19⁹³

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REPORT OF SUBSURFACE INJECTIONS

Dept. of Minerals

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....JANUARY....., 19 93

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

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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	124188	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.....MARCH 2....., 19 93