

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 **Div. of Minerals**

Producer..... PETROLEUM CORPORATION OF NEVADA ..... Month of..... DECEMBER ..... 19 94  
 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	171505	880	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 27 ..... 19 95

STATE OF NEVADA  
 DEPARTMENT OF MINERALS  
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REPORT OF SUBSURFACE INJECTIONS *Div. of Minerals*

Producer..... PETROLEUM CORPORATION OF NEVADA ..... Month of..... NOVEMBER ..... 1994.....  
 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	158725	780	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.....

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

Date..... JANUARY 4 ..... 1995.....

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REPORT OF SUBSURFACE INJECTIONS *Div. of Minerals*

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....OCTOBER....., 19.94..

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	171072	710	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.....DECEMBER 14....., 19.94

STATE OF NEVADA  
 DEPARTMENT OF MINERALS  
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Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....SEPTEMBER....., 19 94

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	163778	710	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.....*MT Hansen*.....

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

Date.....NOVEMBER 9....., 1994

STATE OF NEVADA  
 DEPARTMENT OF MINERALS  
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 Carson City, Nevada 89710  
 (702) 885-5050

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## REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA..... Month of... AUGUST....., 19<sup>94</sup>  
 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	168489	710	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..... OCTOBER 12....., 19<sup>94</sup>

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 DEPARTMENT OF MINERALS  
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 Carson City, Nevada 89710  
 (702) 885-5050

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## REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA ..... Month of..... JULY ..... 19 94  
 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	169990	709	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..... SEPTEMBER 6 ..... 19 94

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Div. of Minerals

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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA..... Month of..... JUNE....., 19 94.  
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	12	WATER	180567	696	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..... *PT Hansen*.....

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

Date..... JULY 22....., 19 94

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## REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of MAY, 19 94  
 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	12	WATER	193110	630	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 JUNE 24, 19 94



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## REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of APRIL, 1994  
 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	176791	680	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 30, 1994

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, 1994  
 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	176791	680	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 30, 1994

STATE OF NEVADA  
DEPARTMENT OF MINERALS  
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Carson City, Nevada 89710  
(702) 885-5050

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## REPORT OF SUBSURFACE INJECTIONS

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....MARCH....., 19 94

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	175251	680	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.....*A. T. Hansen*.....

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

Date.....APRIL 30....., 19 94

STATE OF NEVADA  
DEPARTMENT OF MINERALS

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REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of MARCH, 19 84

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	175251	600	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 [Signature]

Position SECRETARY

Date APRIL 30, 19 84

STATE OF NEVADA  
 DEPARTMENT OF MINERALS  
 400 W. King Street, Suite 106  
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**REPORT OF SUBSURFACE INJECTIONS** Div. of Minerals

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....FEBRUARY....., 19<sup>94</sup>

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	149383	680	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.....

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

Date.....MARCH 21....., 19<sup>94</sup>

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Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA..... Month of..... JANUARY....., 19<sup>94</sup>

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	153526	670	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..... D. T. HANSEN.....

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

Date..... MARCH 10....., 19<sup>94</sup>