

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....., 19⁹⁵

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	180427	669	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 22....., 19⁹⁶

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.....NOVEMBER....., 19..95

Address.....P.O. BOX 1447, ELKO, NEVADA 89043.....

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	179569	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.....

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

Date.....DECEMBER 27....., 19..95

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
RECEIVED

NOV 29 1995

REPORT OF SUBSURFACE INJECTIONS

Div. of Minerals

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... OCTOBER 19 95

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	180434	740	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 24 19 94

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

RECEIVED
 SEP 25 1995
 Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... AUGUST 19⁹⁵
 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	157055	750	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..... SEPTEMBER 22 19⁹⁵

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

RECEIVED

SEP 01 1995

Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA..... Month of..... JULY....., 19..95.

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	148662	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..... *Al Hansen*.....

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

Date..... AUGUST 28, 1995....., 19.....

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

RECEIVED

AUG 07 1995

REPORT OF SUBSURFACE INJECTIONS

Div. of Minerals

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....JUNE....., 19 95
 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	175895	792	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.....AUGUST 4....., 1995

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

RECEIVED

JUL 17 1995

Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... MAY 19 95

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	182568	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..... *W. T. Hansen*

Position..... SECRETARY

Date..... JULY 12 19 95

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.....APRIL....., 19⁹⁵

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	167480	685	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.....

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

Date.....JUNE 5....., 19⁹⁵

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 MARCH 1995, 19

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	179,732	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 *W. Hansen*

Position SECRETARY

Date MAY 2, 1995

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.....FEBRUARY....., 19 95.
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	160568	649	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 23....., 19 95

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. M&G File

RECEIVED
 MAR 03 1995

Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA..... Month of..... JANUARY....., 1995
 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	167663	654	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 28....., 1995