

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

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 Duplicate—Dept. NBM&G File

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Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of DECEMBER, 1997

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	136295	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 *W. T. Hansen*

Position SECRETARY

Date FEBRUARY 28, 1997

STATE OF NEVADA
DEPARTMENT OF MINERALS
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Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... NOVEMBER....., 1996
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	141040	760	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 7 19 97

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Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... OCTOBER 19 96
 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	141646	760	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 5 19 96

STATE OF NEVADA
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 400 W. King Street, Suite 106
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REPORT OF SUBSURFACE INJECTIONS

Div. of Minerals

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of...SEPTEMBER....., 19..96.
 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	137399	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.....OCTOBER 24....., 19..96.

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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... AUGUST, 19⁹⁶
 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	138758	750	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..... *[Handwritten Signature]*
 Position..... SECRETARY
 Date..... SEPTEMBER 27, 19⁹⁶

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Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

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

Month of..... ~~AUGUST~~ *July*....., 1996

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	135875	690	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..... AUGUST 23....., 1996

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AUG 06 1996

Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... JUNE 19 96
 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	127258	690	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..... *Robert Hansen*

Position..... SECRETARY

Date..... JULY 27 19 96

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JUN 10 1996

Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of APRIL, 19 96
 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	157,745	717	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..... JUNE 6, 19 96

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Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....MARCH....., 19 96
 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	159718	735	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.....APRIL 29....., 19 96

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APR 02 1996

REPORT OF SUBSURFACE INJECTIONS

Div. of Minerals

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... FEBRUARY 19 96

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	158578	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..... *Al Hansen*

Position..... SECRETARY

Date..... MARCH 28 19 96

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REPORT OF SUBSURFACE INJECTIONS

Div. of Minerals

Producer PETROLEUM CORPORATION OF NEVADA Month of JANUARY, 1996.

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	176607	770	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 *RT Hansen*

Position SECRETARY

Date MARCH 7, 1996