

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

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JAN 18 2000

Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of DECEMBER....., 19.99..

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	197781	860	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..... JANUARY 10, 2000

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....., 19..99

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	183434	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.....*[Handwritten Signature]*.....

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

Date.....JANUARY 10, 2000.....

STATE OF NEVADA
DEPARTMENT OF MINERALS

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JAN 18 2000

REPORT OF SUBSURFACE INJECTIONS Div. of Minerals

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... OCTOBER 19⁹⁹.....

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	161,626	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..... *[Handwritten Signature]*

Position..... SECRETARY

Date..... NOVEMBER 29 19⁹⁹.....

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..... SEPTEMBER....., 19..99.

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	149,326	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..... *[Handwritten Signature]*

Position..... SECRETARY

Date..... OCTOBER 22, 1999, 19.....

STATE OF NEVADA
 DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
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OCT 04 1999

Div. of Minerals

OIL AND GAS REPORT OF SUBSURFACE INJECTIONS

Producer: PETROLEUM CORPORATION OF NEVADA

Month of: AUGUST, , 19 99

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 AND PERMIT NO.	WELL NO.	FLUIDS INJECTED		INJECTION PRESSURE	RESERVOIR FORMATION	RESERVOIR DEPTH
		GAS OR OTHER	MCF OR BBL			
BLACKBURN UNIT	12	WATER	173354	870	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: SEPTEMBER 23 , 1999

STATE OF NEVADA
 DEPARTMENT OF MINERALS
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SEP 07 1999

Div. of Minerals

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... JULY 19.. 99

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	179450	870	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..... AUGUST 31 19.. 99

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 AUG 11 1999
 Div. of Minerals

OIL AND GAS REPORT OF SUBSURFACE INJECTIONS

Producer: PETROLEUM CORPORATION OF NEVADA

Month of: JUNE, 1998?

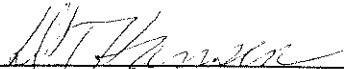
Address: P.O. BOX 1447, ELKO, NEVADA 89803

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

FIELD AND LEASE NAME AND PERMIT NO.	WELL NO.	FLUIDS INJECTED		INJECTION PRESSURE	RESERVOIR FORMATION	RESERVOIR DEPTH
		GAS OR OTHER	MCF OR BBL			
BLACKBURN UNIT	#12	WATER	160,542	779	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: JULY 24, 1998?

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JUL 16 1999

Div. of Minerals

OIL AND GAS REPORT OF SUBSURFACE INJECTIONS

Producer: PETROLEUM CORPORATION OF NEVADA

Month of: JUNE, 1999

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 AND PERMIT NO.	WELL NO.	FLUIDS INJECTED		INJECTION PRESSURE	RESERVOIR FORMATION	RESERVOIR DEPTH
		GAS OR OTHER	MCF OR BBL.			
BLACKBURN UNIT	12	WATER	158821	810	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: JULY 12, , 19 99

STATE OF NEVADA
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JUL 16 1999

Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of MAY, 1999
 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	151891	761	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 JULY 12, 1999, 1999

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 APRIL, 1999

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	143075	695	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, 1999

STATE OF NEVADA
DEPARTMENT OF MINERALS
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Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... MARCH 19 99

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	135001	182	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..... APRIL 9 19 99

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MAY 04 1999

Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... MARCH 19 99
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	135001	182	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..... APRIL 9 19 99

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 Div. of Minerals

OIL AND GAS REPORT OF SUBSURFACE INJECTIONS

Producer: PETROLEUM CORPORATION OF NEVADA Month of: JANUARY, 19 99

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 AND PERMIT NO.	WELL NO.	FLUIDS INJECTED		INJECTION PRESSURE	RESERVOIR FORMATION	RESERVOIR DEPTH
		GAS OR OTHER	MCF OR BBL			
BLACJBURN UNIT	12	WATER	158068	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: *R. Hansen*

Position: SECRETARY

Date: MARCH 2, 19 99