

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..... SEPTEMBER....., XX 2000  
 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	169384	990	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..... *Oct 30, 2000* .....

STATE OF NEVADA  
 DEPARTMENT OF MINERALS  
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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA ..... Month of..... AUGUST Div. of Minerals 19..... 2000  
 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	173878	990	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 30, 2000 ..... 19.....

STATE OF NEVADA  
 DEPARTMENT OF MINERALS  
 400 W. King Street, Suite 106  
 Carson City, Nevada 89710  
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REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA ..... Month of..... JULY ..... 19~~9~~2000  
 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	175014	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..... SEPTEMBER 15, 2000 ..... 19~~9~~

STATE OF NEVADA  
DEPARTMENT OF MINERALS  
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REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of JUNE, ~~19~~ 2000

Address 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.			
BLACHBURN UNIT	12	WATER	167590	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 *Robert Hansen*

Position SECRETARY

Date SEPTEMBER 1, 2000

## REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA Month of..... MAY 2000, ~~FX~~ 2000  
 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	173626	180	NEVADA DOLOMITE	8134'

**FILE COPY**

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. J. Hansen*

Position..... SECRETARY

Date..... JULY 25, 2000, 19.....

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..... MAY 2000 ..... ~~FOX~~ 2000  
 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	173626	180	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 25, 2000 ....., 19.....

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STATE OF NEVADA  
DEPARTMENT OF MINERALS JUN 09 2000  
400 W. King Street, Suite 106  
Carson City, Nevada 89710 Div. of Minerals  
(702) 885-5050

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### REPORT OF SUBSURFACE INJECTIONS

Producer PETROLEUM CORPORATION OF NEVADA Month of APRIL, 2000  
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	166,286	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 *[Handwritten Signature]*

Position SECRETARY

Date June 7, 2000, 19

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APR 19 2000

Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer..... PETROLEUM CORPORATION OF NEVADA ..... Month of..... MARCH....., 2000.....

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	181,460	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..... *H. T. Hansen* .....

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

Date..... APRIL 14, 2000 .....



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

Producer.....PETROLEUM CORPORATION OF NEVADA..... Month of.....FEBRUARY.....2000.....~~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	171530	840	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.....MARCH 28, 2000.....~~19~~

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.....JANUARY..... 2000

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	195676	875	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.....FEBRUARY 25, 2000.....