

STATE OF NEVADA
 DIVISION OF MINERAL RESOURCES
 Capitol Complex—201 South Fall Street
 Carson City, Nevada 89710
 Telephone (702) 885-4368

Original—Division—Well
 Duplicate—Division

REPORT OF SUBSURFACE INJECTIONS

Producer John Lyddon Month of December, 19 87
 Address 1601 Skyway Dr Bakersfield Ca 93308

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.			
Eagle Springs	1-35	Water	20,700 17,938	750-800	Lanett Ranch Volcanics	6450

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 Sybil S. Allen
 Position Bookkeeper
 Date _____, 19_____

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REPORT OF SUBSURFACE INJECTIONS

Producer John Lyddon Month of November, 1980
 Address 1601 Skyway Dr Bakersfield Ca 93308

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.			
<u>Eagle Springs</u>	<u>1-35</u>	<u>Water</u>	<u>184,93 184,93</u>	<u>750 - 800</u>	<u>Jarrett Ranch Volcanica</u>	<u>6450</u>

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 Sybil S. Allen
 Position Bookkeeper
 Date _____, 19____

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REPORT OF SUBSURFACE INJECTIONS

Producer John Lydden Month of October, 1980
 Address 1601 Skyway Dr. Lakeside Ca 93308

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.			
<u>Eagle Springs</u>	<u>1-35</u>	<u>Water</u>	20735 <u>20739</u>	<u>750-800</u>	<u>Garrett Ranch Volcanics</u>	<u>6450</u>

Remarks:

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Signature Sybil S. Allen
 Position Bookkeeper
 Date _____, 19____

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REPORT OF SUBSURFACE INJECTIONS

Producer John Lydden Month of September, 1980
 Address 1601 Skyway Dr. Bakersfield Ca 93308

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.			
<u>Eagle Springs</u>	<u>1-35</u>	<u>Water</u>	12451 <u>17876</u>	<u>750-800</u>	<u>Darrett Ranch Volcanics</u>	<u>6450</u>

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 April S. Allen
 Position Bookkeeper
 Date _____, 19_____

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REPORT OF SUBSURFACE INJECTIONS

Producer John Lyddon Month of August, 1980
 Address 1601 Skyway Dr. Bakerfield Ca 93308

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.			
Eagle Springs	1-35	water	4555 19317	750-800	Sarrett Ranch Volcanica	6450

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 Sybil S. Allen
 Position Bookkeeper
 Date _____, 19____

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REPORT OF SUBSURFACE INJECTIONS

Producer John Lyndon Month of July, 1980
 Address 1601 Skyway Dr, Bakersfield Ca 93308

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.			
Eagle Springs	1-35	Water	15,700 20,700	750-800	Sarrett Ranch Volcanics	6450

Remarks: We took over this lease on July 1, 1980
I have no prior records.

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature Lyle L. Allen
 Position Bookkeeper
 Date _____, 19____