

Oil, Gas and Salt Resources Act

### Annual Report of Monthly Injection for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: <u>LONNIE BARNES</u>	Tel. # <u>519-834-2339</u> Fax # <u>519-834-2155</u>
Address <u>2381 DUVEE ST</u>	
<u>OIL SPRINGS, ON, NON IPO</u>	

*This form only applies to fluid injection for secondary recovery.*  
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

Well Name: <u>MAC GILLIVRAY</u>	Source Pool:
Township: <u>ENNISKILLEN</u>	Source Formation: <u>248'</u>
Tract <u>Lot 18</u> Concession <u>2</u>	Fluid Type: <u>FRESH WATER</u>
Well Licence #: <u>N/A</u>	Injection Formation: <u>DUNDEE</u>
Well Status - Mode*: <u>Active</u>	Injection Pool:
Injection Permit #: <u>N/A</u>	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:
<u>pond settling</u>

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	1410.50	2756.92 kPag	31	45.5
Feb	1274.00	(400 PSI)	28	
Mar	1410.50		31	
April	1365.00		30	
May	1410.50		31	
June	1365.00		30	
July	1410.50		31	
Aug	1410.50		31	
Sep	1365.00		30	
Oct	1410.50		31	
Nov	1365.00		30	
Dec	1410.50		31	
Total	16607.50	2756.92 kPag	365	16,607.50

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: <u>DONNA BARNES</u>	Date: <u>January 29, 1999</u>
Signature: <u>Donna Barnes</u>	



## Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: CanEnerco Limited	Tel. # (519) 433-7710	Fax # (519) 433-7588
Address: 200 Queens Ave., Suite 480		
London, On. N6A 1J3		

*This form only applies to fluid injection for secondary recovery.*

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

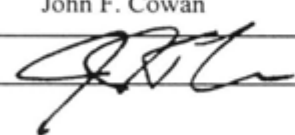
Well Name:	Source Pool:
Township:	Source Formation:
Tract      Lot      Concession	Fluid Type:
Well Licence #:	Injection Formation:
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	<b>NIL REPORT</b>			
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total				

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: John F. Cowan	Date: Feb. 15, 1999
Signature: 	Position Held: V.P., Chief Operating Officer



FORM 109 Petroleum Resources Act  
ANNUAL REPORT OF MONTHLY **INJECTION**  
for the year ending December 31, 1998

MINISTRY OF NATURAL RESOURCES  
**RECEIVED**  
 FEB 15 1999  
 PETROLEUM RESOURCES

<b>Operator Name:</b> CHATHAM RESOURCES LTD.	<b>Well Permit No.:</b>  	<b>Injection Permit No.:</b>  
<b>Address:</b> 20 Jackson St. W., Ste. 410 Hamilton, ON L8P 1L2	<b>Well Name:</b>  	<b>Purpose of Injection (Secondary Recovery/Enhanced Recovery/Other-Describe):</b>  
	<b>Location:</b>  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>County  </span> <span>Township</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>[ ] Lot</span> <span>  Conc.</span> </div>	<b>Injection Formation:</b>  

(1) All injection wells operated must be reported (2) All injection must be reported (3) Where space is insufficient, attach additional forms.

INJECTION DATA					AVERAGE DAILY			
Well No.	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 <sup>3</sup> m)	Inj. Pressure (kPa)	Inj. Rate (m <sup>3</sup> /day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
WE HAVE NO WATER INJECTION WELLS, THEREFORE, NO BRINE WATER WAS INJECTED DURING THE YEAR.								

February 14, 1999

SIGNATURE: *[Handwritten Signature: W-F. Chatham]*



FORM 109 Petroleum Resources Act  
ANNUAL REPORT OF MONTHLY INJECTION  
for the year ending December 31, 19 98

Operator Name: GLENERD LIMITED	Well Permit No.:	Injection Permit No.:
Address: 20 Jackson St. W., Ste. 410 Hamilton, ON L8P 1L2	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)
	Location: County   Township   Lot   Conc.	Injection Formation

(1) All injection wells operated must be reported (2) All injection must be reported (3) Where space is insufficient, attach additional forms.

INJECTION DATA					AVERAGE DAILY			
Well No.	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 <sup>3</sup> m <sup>3</sup> )	Inj. Pressure (kPa)	Inj. Rate (m <sup>3</sup> /day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
WE HAVE NO WATER INJECTION WELLS, THEREFORE, NO BRINE WATER WAS INJECTED DURING THE YEAR								

February 21, 1999

SIGNATURE: *H. J. Chatter*







Annual Report of Monthly **Injection**  
for the year 1998

Form 6 To: the Minister of Natural Resources (519)

Operator <u>HEMLOCK EXPLORATIONS LTD.</u>	Tel. # <u>875-4896</u>	Fax #
Address <u>R.R. # 5, LANGTON, ON</u>		
<u>NOE.160</u>		

*This form only applies to fluid injection for secondary recovery.*

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

Well Name:	Source Pool:
Township:	Source Formation:
Tract Lot Concession	Fluid Type:
Well Licence #:	Injection Formation:
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection: <u>NIL</u>

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	<u>NIL</u>			
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total				

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: <u>GEORGE JONCKHEERE</u>	Date: <u>FEB 3, 1999</u>
Signature: <u>George Jonckheere</u>	





## Annual Report of Monthly Injection for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: <u>Paragon Petroleum Corp</u>	Tel. # <u>213-7481</u> Fax # <u>(403) 269-9104</u>
Address # <u>3508, 100 - 2nd Street</u>	
<u>SW Calgary, AB T2P 2W2</u>	

*This form only applies to fluid injection for secondary recovery.*

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

Well Name:	Source Pool:
Township:	Source Formation:
Tract      Lot      Concession	Fluid Type:
Well Licence #:	Injection Formation:
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan				
Feb				
Mar				
April				
May				
June	Form not applicable to Paragon			
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total				

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: <u>Charlene Bagu</u>	Date: <u>February 9, 1999</u>
Signature: <u>Charlene Bagu</u>	Position Held:



## Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Range Petroleum Corporation	Tel. # (403) 264-8771	Fax # (403) 266-1927
Address #900, 736-6 <sup>th</sup> Avenue S.W. Calgary, AB		
T2P 3T7		

*This form only applies to fluid injection for secondary recovery.*

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

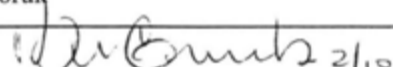
Well Name: N/A	Source Pool:
Township:	Source Formation:
Tract      Lot      Concession	Fluid Type:
Well Licence #:	Injection Formation:
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan				
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total				

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: B.W. Goruk	Date: Feb 10/99
Signature: 	Position Held: Vice-President, Production



### Annual Report of Monthly Injection for the year 1998

TO: the Minister of Natural Resources

<b>Operator</b>	Shiningbank Energy Ltd.	Tel #: (403) 268-7477	
<b>Address:</b>	#1050, 250 - 6 Avenue SW Calgary, Alberta T2P 3H7	Fax # (403) 268-7499	

<b>Well Name:</b> Rodney Unit #1 Water Injection <b>Township:</b> Aldborough <b>Tract Lot Concession</b> <b>Well Licence #:</b> <b>Well Status - Mode *:</b> Active <b>Injection Permit:</b>	<b>Source Pool:</b> Aquifer <b>Source Formation:</b> <b>Fluid Type:</b> Fresh Water <b>Injection Formation:</b> <b>Injection Pool:</b>
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<b>Description of fluid treatment prior to injection:</b> Nil
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Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	15876.9	3400	31	
Feb	14157.8	3400	28	
Mar	15516.8	3400	31	
Apr	15253.8	3400	30	
May	15326.1	3400	31	
Jun	14801.2	3400	30	
Jul	19914.0	3400	31	
Aug	20507.0	3400	31	
Sep	18642.0	3400	30	
Oct	20605.0	3400	31	
Nov	20216.0	3400	30	
Dec	21302.0	3400	31	
<b>Total</b>	<b>212118.6</b>		<b>365</b>	

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

<b>Name:</b> E. Tawaray +	<b>Date:</b> Feb 11/99
<b>Signature:</b> <i>E. Tawaray</i>	





## Annual Report of Monthly Injection for the year 1998

TO: the Minister of Natural Resources

<b>Operator</b>	Shiningbank Energy Ltd.	<b>Tel #:</b> (403) 268-7477
<b>Address:</b>	#1050, 250 - 6 Avenue SW Calgary, Alberta T2P 3H7	<b>Fax #</b> (403) 268-7499

<b>Well Name:</b>	Rodney Unit #2 Water Injection	<b>Source Pool:</b>	Aquifer
<b>Township:</b>	Aldborough	<b>Source Formation:</b>	
<b>Tract</b>	Lot	<b>Fluid Type:</b>	Fresh Water
<b>Well Licence #:</b>	TA1006-01011-011P	<b>Injection Formation:</b>	Columbus
<b>Well Status - Mode *:</b>	Active	<b>Injection Pool:</b>	
<b>Injection Permit:</b>			

<b>Description of fluid treatment prior to injection:</b>
Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	9877	2950	31	
Feb	7028	2950	28	
Mar	7581	2950	31	
Apr	6759	2950	30	
May	7302	2950	31	
Jun	7413	2950	30	
Jul	7937	2950	31	
Aug	8332	2950	31	
Sep	7695	2950	30	
Oct	8650	2950	31	
Nov	6391	2950	30	
Dec	6528	2950	31	
<b>Total</b>	<b>91493</b>		<b>365</b>	

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

<b>Name:</b> E. Taucay	<b>Date:</b> Feb 11 / 98
<b>Signature:</b> <i>E. Taucay</i>	



**Annual Report of Monthly Injection  
for the year 1998**

**TO: the Minister of Natural Resources**

<b>Operator</b>	Shiningbank Energy Ltd.	<b>Tel #:</b> (403) 268-7477
<b>Address:</b>	#1050, 250 - 6 Avenue SW Calgary, Alberta T2P 3H7	<b>Fax #:</b> (403) 268-7499

<b>Well Name:</b>	Rodney Unit #3 Water Injection	<b>Source Pool:</b>	Aquifer
<b>Township:</b>	Aldborough	<b>Source Formation:</b>	
<b>Tract</b>	<b>Lot</b>	<b>Concession</b>	
<b>Well Licence #:</b>	TA1006-01011-021P	<b>Fluid Type:</b>	Fresh Water
<b>Well Status - Mode *:</b>	Active	<b>Injection Formation:</b>	Columbus
<b>Injection Permit:</b>		<b>Injection Pool:</b>	

<b>Description of fluid treatment prior to injection:</b>
Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	9899.0	2950	31	
Feb	8140.0	2950	28	
Mar	7556.0	2950	31	
Apr	6282.0	2950	30	
May	6021.0	2950	31	
Jun	5357.0	2950	30	
Jul	5776.0	2950	31	
Aug	6168.0	2950	31	
Sep	7102.0	2950	30	
Oct	7317.0	2950	31	
Nov	6431.0	2950	30	
Dec	7864.0	2950	31	
<b>Total</b>	<b>83913.0</b>		<b>365</b>	

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

<b>Name:</b> E. Tacony	<b>Date:</b> Feb. 11/99
<b>Signature:</b> E. Tacony	



## Annual Report of Monthly Injection for the year 1998

RECEIVED  
 FEB 12 1999  
 L1511-17/9822

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2 <sup>nd</sup> St. S.W. Calgary, Alberta		
T2P 4J9		

*This form only applies to fluid injection for secondary recovery.*

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

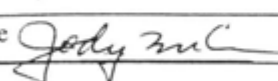
Well Name: Mersea 3-15-1	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 3 Lot 15 Concession 1	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Black River Formation
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	1625.0	3155	307	127.0
Feb	2625.0	2904	455	138.5
Mar	3638.0	3421	656	133.1
April	3298.0	3608	615	128.7
May	3465.0	3866	682	121.9
June	2483.0	3541	497	119.9
July	3441.0	3903	624	132.3
Aug	3208.0	4035	657	117.2
Sep	3272.0	4308	668	117.6
Oct	3379.0	4221	688	117.9
Nov	3125.0	4607	679	110.5
Dec	3598.0	4835	718	120.3
<b>Total</b>	<b>37157.0</b>	<b>46404</b>	<b>7246</b>	<b>1484.8</b>

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Jody McEwen	Date: January 20, 1999
Signature 	Position Held: Canadian Operations Accountant





## Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2 <sup>nd</sup> St. S.W. Calgary, Alberta		
T2P 4J9		

*This form only applies to fluid injection for secondary recovery.*

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

Well Name: Mersea 6-23-VII	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 6 Lot 23 Concession VII	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	7151.0	1503	740	231.9
Feb	6267.0	1454	663	226.9
Mar	6536.0	1711	700	224.1
April	5580.0	1570	688	194.7
May	6836.0	1697	734	223.5
June	7217.6	2113	719	240.9
July	7422.0	2223	744	239.4
Aug	6851.0	2145	735	223.7
Sep	6871.0	2327	712	231.6
Oct	6590.0	1758	744	212.6
Nov	6818.0	1913	720	227.3
Dec	6407.0	2219	714	215.4
<b>Total</b>	<b>80546.6</b>	<b>22633</b>	<b>8613</b>	<b>2691.9</b>

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Jody McEwen	Date: January 20, 1999
Signature: <i>Jody McEwen</i>	Position Held: Canadian Operations Assistant







## Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2 <sup>nd</sup> St. S.W. Calgary, Alberta		
T2P 4J9		

*This form only applies to fluid injection for secondary recovery.*

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

Well Name: Mersea 1-12-A	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 1 Lot 12 Concession A	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40048IP	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

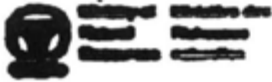
Description of fluid treatment prior to injection:

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	3217.0	4807	671	115.1
Feb	2863.0	4835	601	114.3
Mar	2954.0	4631	620	114.3
April	2789.0	4077	584	114.6
May	3021.0	4168	654	110.9
June	2853.0	4058	607	112.8
July	3024.0	4673	644	112.7
Aug	3097.0	4855	670	110.9
Sep	2989.0	4895	679	105.6
Oct	2740.0	4566	633	103.9
Nov	3069.0	4988	678	108.6
Dec	3204.0	5039	722	106.5
<b>Total</b>	<b>35820.0</b>	<b>55592</b>	<b>7763</b>	<b>1330.3</b>

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Jody McEwen	Date: January 20, 1999
Signature:	Position Held: Canadian Operations Accountant





## Annual Report of Monthly Injection for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: <b>LONNIE BARNES</b>	Tel. # <b>519-834-2339</b> Fax # <b>519-834-2155</b>
Address <b>2581 DUAYEE ST</b>	
<b>OIL SPRINGS, ON, NON IPO</b>	

*This form only applies to fluid injection for secondary recovery.*

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

Well Name: <b>MAC GILLIVRAY</b>	Source Pool:
Township: <b>ENNISKILLEN</b>	Source Formation: <b>248'</b>
Tract Lot <b>18</b> Concession <b>2</b>	Fluid Type: <b>FRESH WATER</b>
Well Licence #: <b>N/A</b>	Injection Formation: <b>DUNDEE</b>
Well Status - Mode*: <b>Active</b>	Injection Pool:
Injection Permit #: <b>N/A</b>	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:
<b>pend settling</b>

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	1410.50	2756.92 kPag	31	45.5
Feb	1274.00	(400 PSI)	28	
Mar	1410.50		31	
April	1365.00		30	
May	1410.50		31	
June	1365.00		30	
July	1410.50		31	
Aug	1410.50		31	
Sep	1365.00		30	
Oct	1410.50		31	
Nov	1365.00		30	
Dec	1410.50		31	
<b>Total</b>	<b>16607.50</b>	<b>2756.92 kPag</b>	<b>365</b>	<b>16,607.50</b>

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: <b>DONNA BARNES</b>	Date: <b>January 29, 1999</b>
Signature: <i>Donna Barnes</i>	





## Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2 <sup>nd</sup> St. S.W. Calgary, Alberta		
T2P 4J9		

*This form only applies to fluid injection for secondary recovery.*

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

Well Name: Mersea 6-23-VII	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 6 Lot 23 Concession VII	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

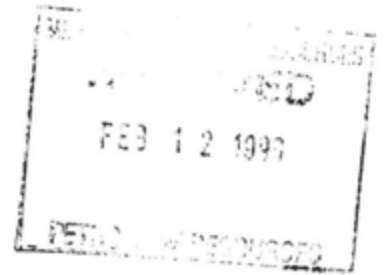
Description of fluid treatment prior to injection:

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	7151.0	1503	740	231.9
Feb	6267.0	1454	663	226.9
Mar	6536.0	1711	700	224.1
April	5580.0	1570	688	194.7
May	6836.0	1697	734	223.5
June	7217.6	2113	719	240.9
July	7422.0	2223	744	239.4
Aug	6851.0	2145	735	223.7
Sep	6871.0	2327	712	231.6
Oct	6590.0	1758	744	212.6
Nov	6818.0	1913	720	227.3
Dec	6407.0	2219	714	215.4
<b>Total</b>	<b>80546.6</b>	<b>22633</b>	<b>8613</b>	<b>2691.9</b>

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Jody McEwen	Date: January 20, 1999
Signature: <i>Jody McEwen</i>	Position Held: Canadian Operations Accountant





## Annual Report of Monthly Injection for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2 <sup>nd</sup> St. S.W. Calgary, Alberta		
T2P 4J9		

*This form only applies to fluid injection for secondary recovery.*

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

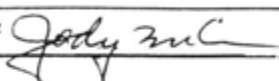
Well Name: Mersea 3-15-I	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 3 Lot 15 Concession I	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Black River Formation
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	1625.0	3155	307	127.0
Feb	2625.0	2904	455	138.5
Mar	3638.0	3421	656	133.1
April	3298.0	3608	615	128.7
May	3465.0	3866	682	121.9
June	2483.0	3541	497	119.9
July	3441.0	3903	624	132.3
Aug	3208.0	4035	657	117.2
Sep	3272.0	4308	668	117.6
Oct	3379.0	4221	688	117.9
Nov	3125.0	4607	679	110.5
Dec	3598.0	4835	718	120.3
<b>Total</b>	<b>37157.0</b>	<b>46404</b>	<b>7246</b>	<b>1484.8</b>

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Jody McEwen	Date: January 20, 1999
Signature 	Position Held: Canadian Operations Accountant.







## Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2 <sup>nd</sup> St. S.W. Calgary, Alberta		
T2P 4J9		

*This form only applies to fluid injection for secondary recovery.*

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

Well Name: Mersea 1-12-A	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 1 Lot 12 Concession A	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40048IP	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:
--

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	3217.0	4807	671	115.1
Feb	2863.0	4835	601	114.3
Mar	2954.0	4631	620	114.3
April	2789.0	4077	584	114.6
May	3021.0	4168	654	110.9
June	2853.0	4058	607	112.8
July	3024.0	4673	644	112.7
Aug	3097.0	4855	670	110.9
Sep	2989.0	4895	679	105.6
Oct	2740.0	4566	633	103.9
Nov	3069.0	4988	678	108.6
Dec	3204.0	5039	722	106.5
<b>Total</b>	<b>35820.0</b>	<b>55592</b>	<b>7763</b>	<b>1330.3</b>

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Jody McEwen	Date: January 20, 1999
Signature:	Position Held: Canadian Operations Accountant



## Annual Report of Monthly Injection for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2 <sup>nd</sup> St. S.W. Calgary, Alberta		
T2P 4J9		

*This form only applies to fluid injection for secondary recovery.*

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Well Name: Mersea 6-23-VII	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 6 Lot 23 Concession VII	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	7151.0	1503	740	231.9
Feb	6267.0	1454	663	226.9
Mar	6536.0	1711	700	224.1
April	5580.0	1570	688	194.7
May	6836.0	1697	734	223.5
June	7217.6	2113	719	240.9
July	7422.0	2223	744	239.4
Aug	6851.0	2145	735	223.7
Sep	6871.0	2327	712	231.6
Oct	6590.0	1758	744	212.6
Nov	6818.0	1913	720	227.3
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<b>Total</b>	<b>80546.6</b>	<b>22633</b>	<b>8613</b>	<b>2691.9</b>

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Name: Jody McEwen	Date: January 20, 1999
Signature: <i>Jody McEwen</i>	Position Held: Canadian Operations Accountant



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## Annual Report of Monthly Injection for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2 <sup>nd</sup> St. S.W. Calgary, Alberta		
T2P 4J9		

*This form only applies to fluid injection for secondary recovery.*

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Well Name: Mersea 3-15-I	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 3 Lot 15 Concession I	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Black River Formation
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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Signature <i>Jody McEwen</i>	Position Held: Canadian Operations Accountant.





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Well Name: Mersea 1-12-A	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 1 Lot 12 Concession A	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40048IP	

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