



## Annual Report of Monthly Injection for the year 1999

Form 6 To: the Minister of Natural Resources

Operator: LONNIE BARNES	Tel. # 519-834-2339 Fax # 519-834-2155
Address 2581 DURVEE ST	
OIL SPRINGS, ON, N0N 1P0	

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

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

Description of fluid treatment prior to injection:
pond settling

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>16 607.50</b>	<b>2756.92 kPag</b>	<b>365</b>	

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

Name: DONNA BARNES	Date: Jan 25, 2000
Signature: Donna Barnes	





## Annual Report of Monthly **Injection** for the year 1999

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc.	Tel. # 657-9304	Fax # 657-3633
Address P.O. Box 20109, 431 Boler Road		
London, Ontario N6K 4G6		

*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: Imperial Kewanee Gobles 45	Source Pool: Gobles
Township: Burford	Source Formation:
Tract 3 Lot 7 Concession 1	Fluid Type:
Well Licence #: 1719	Injection Formation:
Well Status - Mode*: Suspended	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	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
<b>Total</b>	▼	▼	▼	▼

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

Name: Madeline Brett	Date: February 11, 2000
Signature:	Position: President



## Annual Report of Monthly **Injection** for the year 1999

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc.	Tel. # 657-9304	Fax # 657-3633
Address P.O. Box 20109, 431 Boler Road		
London, Ontario N6K 4G6		

*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.

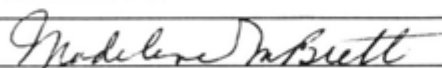
Well Name: Kewanee Gobles 42	Source Pool: Gobles
Township: Burford	Source Formation:
Tract Lot 18 Concession 2	Fluid Type:
Well Licence #: 1916	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

\* 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	NIL	NIL	NIL	NIL
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: Madeline Brett	Date: February 11, 2000
Signature: 	Position: President



## Annual Report of Monthly **Injection** for the year 1999

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc.	Tel. # 657-9304	Fax # 657-3633
Address P.O. Box 20109, 431 Boler Road		
London, Ontario N6K 4G6		

*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: Kewanee Gobles 41	Source Pool: Gobles Pool
Township: Blenheim	Source Formation:
Tract 7 Lot 16 Concession 1	Fluid Type:
Well Licence #: 1909	Injection Formation:
Well Status - Mode*: Suspended	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	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
<b>Total</b>	↓	↓	↓	↓

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

Name: Madeline Brett	Date: February 11, 2000
Signature: 	Position: President





## Annual Report of Monthly **Injection** for the year 1999

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc.	Tel. # 657-9304	Fax # 657-3633
Address P.O. Box 20109, 431 Boler Road		
London, Ontario N6K 4G6		

*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: Kewanee Gobles 24	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 18 Concession 1	Fluid Type:
Well Licence #: 1492	Injection Formation:
Well Status - Mode*: Suspended	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	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
<b>Total</b>	▼	▼	▼	▼

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

Name: Madeline Brett	Date: February 11, 2000
Signature: 	Position: President





## Annual Report of Monthly **Injection** for the year 1999

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc.	Tel. # 657-9304	Fax # 657-3633
Address P.O. Box 20109, 431 Boler Road		
London, Ontario N6K 4G6		

*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: McMaster #31 Gobles 20	Source Pool: Gobles
Township: Burford	Source Formation:
Tract 7 Lot 16 Concession	Fluid Type:
Well Licence #: 1287	Injection Formation:
Well Status - Mode*: Suspended	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	NIL	NIL	NIL	NIL
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: Madeline Brett	Date: February 11, 2000
Signature:	Position: President



## Annual Report of Monthly **Injection** for the year 1999

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc.	Tel. # 657-9304	Fax # 657-3633
Address P.O. Box 20109, 431 Boler Road		
London, Ontario N6K 4G6		

*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: McMaster #22 - Gobles 18	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 20 Concession 1	Fluid Type:
Well Licence #: 1278	Injection Formation:
Well Status - Mode*: Abandoned / <i>Plugged +</i>	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	NIL	NIL	NIL	NIL
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: Madeline Brett	Date: February 11, 2000
Signature: <i>Madeline DeBrett</i>	Position: President





## Annual Report of Monthly **Injection** for the year \_\_\_\_\_

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc.	Tel. # 657-9304	Fax # 657-3633
Address P.O. Box 20109, 431 Boler Road		
London, Ontario N6K 4G6		

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

Well Name: Robert McMaster & Sons - Gobles 7	Source Pool: Gobles
Township: Burford	Source Formation:
Tract 3 Lot 19 Concession 1	Fluid Type:
Well Licence #: 1025	Injection Formation:
Well Status - Mode*: Suspended	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	NIL	NIL	NIL	NIL
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: Madeline Brett	Date: February 11, 2000
Signature:	Position: President





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Address P.O. Box 20109, 431 Boler Road		
London, Ontario N6K 4G6		

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

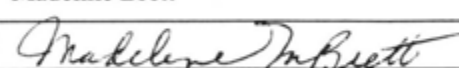
Well Name: Robert McMaster & Sons - Gobles 4	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 22 Concession 1	Fluid Type:
Well Licence #: 149	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

\* 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	NIL	NIL	NIL	NIL
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: Madeline Brett	Date: February 11, 2000
Signature: 	Position: President



## Annual Report of Monthly **Injection** for the year 1999

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Operator: Cameron Petroleum Inc.	Tel. # 657-9304	Fax # 657-3633
Address P.O. Box 20109, 431 Boler Road		
London, Ontario N6K 4G6		

*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.

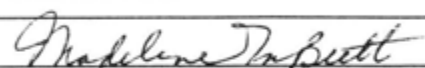
Well Name: Robert McMaster & Sons - Gobles 2	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 19 Concession 1	Fluid Type:
Well Licence #: 141	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

\* 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	NIL	NIL	NIL	NIL
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: Madeline Brett	Date: February 11, 2000
Signature: 	Position: President





## Annual Report of Monthly **Injection** for the year 1999

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc.	Tel. # 657-9304	Fax # 657-3633
Address P.O. Box 20109, 431 Boler Road		
London, Ontario N6K 4G6		

*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: Imperial Union Grand Bend # 2 & # 6	Source Pool: Grand Bend
Township: McGillivray	Source Formation: Brine Produced
Tract Lot 41 Concession NB	Fluid Type: Salt Water
Well Licence #: 1063	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection: N/A

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	765	0	31	24.68
Feb	836	0	28	29.86
Mar	1458	0	31	47.03
April	1203	0	30	40.10
May	1823	0	31	58.81
June	1810	0	30	60.33
July	1951	0	31	62.94
Aug	1895	0	29	65.34
Sep	1929	0	30	64.30
Oct	1900	0	31	61.29
Nov	1712	0	30	57.07
Dec	1754	0	31	56.58
<b>Total</b>	<b>19036</b>		<b>363</b>	<b>52.44</b>

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

Name: Madeline Brett	Date: February 11, 2000
Signature:	Position: President



## Annual Report of Monthly **Injection** for the year 1999

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.

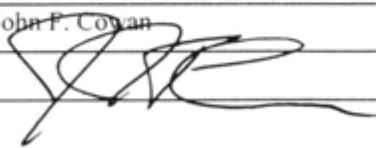
Well Name:	Source Pool:
Township:	Source Formation:
Tract      Lot      Concession	Fluid Type:
Well Licence #:	Injection Formation:
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

\* 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.

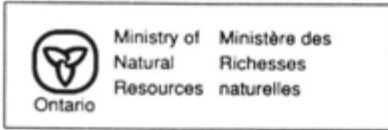
Name: John F. Cowan	Date: February 15, 2000
Signature: 	Position Held: V.P., Chief Operating Officer











Oil, Gas and Salt Resources Act  
**Annual Report for Monthly Injection**  
 for the year 1999

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit C - 309 Commissioners Road West, London, Ontario, N6J 1Y4		

*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: Atlas # 1	Source Pool: Thames River
Township: Dunwich	Source Formation: Not applicable
Tract: 1 Lot: 23 Concession: 4	Fluid Type: Fresh Water
Well Licence #: 2509	Injection Formation: Cambrian
Well Status - Mode*: Suspended	Injection Pool: Willey
Injection Permit #: Energy Board Order 41	

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

Description of fluid treatment prior to injection: flocculation, settling pond

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	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

Name: per: Jane Lowrie	Date: 11.Feb.00
Signature:	Position Held: President





Oil, Gas and Salt Resources Act  
Annual Report for Monthly Injection  
for the year 1999

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit C - 309 Commissioners Road West, London, Ontario, N6J 1Y4		

*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: Imperial Bluewater (908)	Source Pool: Thames River
Township: Dunwich	Source Formation: Not applicable
Tract: 1 Lot: 23 Concession: 2	Fluid Type: Fresh Water
Well Licence #: 1791	Injection Formation: Cambrian
Well Status - Mode*: Suspended	Injection Pool: Willey
Injection Permit #: Energy Board Order 41	

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

Description of fluid treatment prior to injection: flocculation, settling pond

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	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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

Name: per: Jane Lowrie	Date: 11.Feb.00
Signature:	Position Held: President





Oil, Gas and Salt Resources Act  
Annual Report for Monthly Injection  
for the year 1999

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit C - 309 Commissioners Road West, London, Ontario, N6J 1Y4		

*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: Bluewater Dunwich 1-23-1	Source Pool: Thames River
Township: Dunwich	Source Formation: Not applicable
Tract: 1 Lot: 23 Concession: 1	Fluid Type: Fresh Water
Well Licence #: 2644	Injection Formation: Cambrian
Well Status - Mode*: Suspended	Injection Pool: Willey
Injection Permit #: Energy Board Order 41	

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

Description of fluid treatment prior to injection: flocculation, settling pond

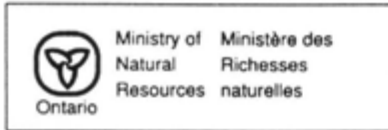
Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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

Name: per: Jane Lowrie	Date: 11.Feb.00
Signature:	Position Held: President







Oil, Gas and Salt Resources Act  
**Annual Report for Monthly Injection**  
 for the year 1999

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit C - 309 Commissioners Road West, London, Ontario, N6J 1Y4		

*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: Imperial Bluewater (894)	Source Pool: Thames River
Township: Dunwich	Source Formation: Not applicable
Tract: 5 Lot: 22 Concession: 2	Fluid Type: Fresh Water
Well Licence #: 1785	Injection Formation: Cambrian
Well Status - Mode*: Suspended	Injection Pool: Willey
Injection Permit #: Energy Board Order 41	

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

Description of fluid treatment prior to injection: flocculation, settling pond

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	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

Name: per. Jane Lowrie	Date: 11.Feb.00
Signature:	Position Held: President





Oil, Gas and Salt Resources Act  
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 for the year 1999

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit C - 309 Commissioners Road West, London, Ontario, N6J 1Y4		

*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: Dolphin I.U.P. No. 2	Source Pool: Thames River
Township: Dunwich	Source Formation: Not applicable
Tract: 5 Lot: 22 Concession: 1	Fluid Type: Fresh Water
Well Licence #: 2967	Injection Formation: Cambrian
Well Status - Mode*: Suspended	Injection Pool: Willey
Injection Permit #: Energy Board Order 41	

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

Description of fluid treatment prior to injection: flocculation, settling pond	

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	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

Name: per: Jane Lowrie	Date: 11.Feb.00
Signature:	Position Held: President





Oil, Gas and Salt Resources Act  
**Annual Report for Monthly Injection**  
 for the year 1999

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit C - 309 Commissioners Road West, London, Ontario, N6J 1Y4		

*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: Imperial Becher 77	Source Pool: Sydenham River & Production
Township: Sombra	Source Formation: Salina - A 1 Unit
Tract: 6 Lot: 9 Concession: 5	Fluid Type: Fresh & Salt Water
Well Licence #: 945	Injection Formation: A 1 Salina - Silurian
Well Status - Mode*: Suspended	Injection Pool: West Becher Unit
Injection Permit #: Order in Council - 17.Apr.63	

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

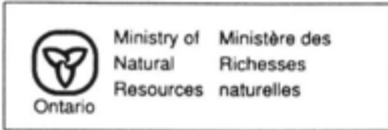
Description of fluid treatment prior to injection:	chlorine, biocidem corrosion inhibitor, coagulant, filtered

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	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

Name: per: Jane Lowrie	Date: 11.Feb.00
Signature:	Position Held: President





Oil, Gas and Salt Resources Act

## Annual Report for Monthly Injection for the year 1999

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit C - 309 Commissioners Road West, London, Ontario, N6J 1Y4		

**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: Imperial Becher 76 I.W.(853)H. Johnston 1	Source Pool: Sydenham River & Production
Township: Sombra	Source Formation: Salina - A 1 Unit
Tract: 6 Lot: 9 Concession: 5	Fluid Type: Fresh & Salt Water
Well Licence #: 1637	Injection Formation: A 1 Salina - Silurian
Well Status - Mode*: Suspended	Injection Pool: West Becher Unit
Injection Permit #: Order in Council - 17.Apr.63	

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

Description of fluid treatment prior to injection:	chlorine, biocidem corrosion inhibitor, coagulant, filtered

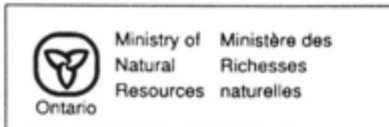
Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

Name: per: <i>Jane Lowrie</i>	Date: 11.Feb.00
Signature: <i>Jane Lowrie</i>	Position Held: President







Oil, Gas and Salt Resources Act  
**Annual Report for Monthly Injection**  
 for the year 1999

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit C - 309 Commissioners Road West, London, Ontario, N6J 1Y4		

*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: Imperial Oil 251 - Becher 64 - Fruytier 1	Source Pool: Sydenham River & Production
Township: Sombra	Source Formation: Salina - A 1 Unit
Tract: 8 Lot: 4 Concession: 5	Fluid Type: Fresh & Salt Water
Well Licence #: 8589	Injection Formation: A 1 Salina - Silurian
Well Status - Mode*: Suspended	Injection Pool: West Becher Unit
Injection Permit #: Order in Council - 17.Apr.63	

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

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor, coagulant, filtered

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	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

Name: per: Jane Lowrie	Date: 11.Feb.00
Signature:	Position Held: President





Oil, Gas and Salt Resources Act  
Annual Report for Monthly Injection  
for the year 1999

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit C - 309 Commissioners Road West, London, Ontario, N6J 1Y4		

*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: Imperial Oil 235 - Becher 55 - Johnston 3	Source Pool: Sydenham River & Production
Township: Sombra	Source Formation: Salina - A 1 Unit
Tract: 1 Lot: 8 Concession: 5	Fluid Type: Fresh & Salt Water
Well Licence #: 8598	Injection Formation: A 1 Salina - Silurian
Well Status - Mode*: Suspended	Injection Pool: West Becher Unit
Injection Permit #: Order in Council - 17.Apr.63	

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

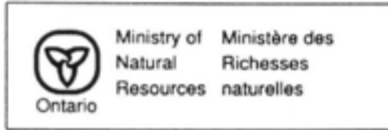
Description of fluid treatment prior to injection: chorine, biocidem corrosion inhibitor, coagulant, filtered

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	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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

Name: per: Jane Lowrie	Date: 11.Feb.00
Signature:	Position Held: President





Oil, Gas and Salt Resources Act  
**Annual Report for Monthly Injection**  
 for the year 1999

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit C - 309 Commissioners Road West, London, Ontario, N6J 1Y4		

*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: Imperial Oil 220 - Becher 53 - Johnston 2	Source Pool: Sydenham River & Production
Township: Sombra	Source Formation: Salina - A 1 Unit
Tract: 2 Lot: 9 Concession: 5	Fluid Type: Fresh & Salt Water
Well Licence #: 8601	Injection Formation: A 1 Salina - Silurian
Well Status - Mode*: Suspended	Injection Pool: West Becher Unit
Injection Permit #: Order in Council - 17.Apr.63	

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

Description of fluid treatment prior to injection:	chlorine, biocidem corrosion inhibitor, coagulant, filtered

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	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

Name: per Jane Lowrie	Date: 11.Feb.00
Signature:	Position Held: President





Oil, Gas and Salt Resources Act  
**Annual Report for Monthly Injection**  
 for the year 1999

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit C - 309 Commissioners Road West, London, Ontario, N6J 1Y4		

*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: Imperial Oil 180 - Becher 34 - Johnston 3	Source Pool: Sydenham River & Production
Township: Sombra	Source Formation: Salina - A 1 Unit
Tract: 6 Lot: 9 Concession: 6	Fluid Type: Fresh & Salt Water
Well Licence #: 8606	Injection Formation: A 1 Salina - Silurian
Well Status - Mode*: Suspended	Injection Pool: Becher Pilot Waterflood Pool
Injection Permit #:	

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

Description of fluid treatment prior to injection:	chlorine, biocidem corrosion inhibitor, coagulant, filtered

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	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

Name: per. Jane Lowrie	Date: 11.Feb.00
Signature:	Position Held: President







Oil, Gas and Salt Resources Act  
Annual Report for Monthly Injection  
for the year 1999

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit C - 309 Commissioners Road West, London, Ontario, N6J 1Y4		

*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: Imperial Oil 196 - Becher 33 - Griffith 1	Source Pool: Sydenham River & Production
Township: Sombra	Source Formation: Salina - A 1 Unit
Tract: 8 Lot: 8 Concession: 6	Fluid Type: Fresh & Salt Water
Well Licence #: 8600	Injection Formation: A 1 Salina - Silurian
Well Status - Mode*: Suspended	Injection Pool: West Becher Unit
Injection Permit #: Order in Council - 17.Apr.63	

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

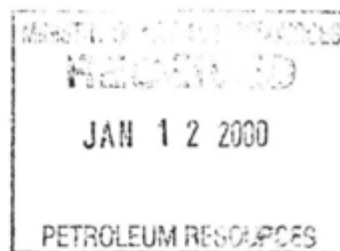
Description of fluid treatment prior to injection: chorine, biocidem corrosion inhibitor, coagulant, filtered

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	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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

Name: per: Jane Lowrie	Date: 11.Feb.00
Signature:	Position Held: President





## Annual Report of Monthly Injection

for the year 1999

Form 6 To: the Minister of Natural Resources

Operator: Hemlock Explorations Ltd	Tel. # 875.4896 Fax #
Address R.R.#.5.Langton .noeigo	

*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.

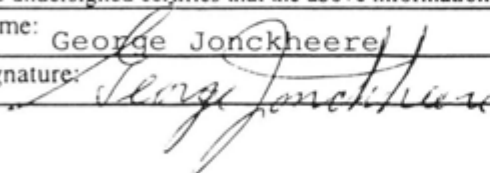
Well Name:	Source Pool:
Township:	Source Formation:
Tract Lot Concession	Fluid Type:
Well Licence #:	Injection Formation:
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:	NIL
--	-----

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	NIL			
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: George Jonckheere	Date: Jan. 8, 2000
Signature: 	





## Annual Report of Monthly Injection for the year . 1999

Form 6 To: the Minister of Natural Resources

Operator: <u>Paragon Petroleum Corp</u>	Tel. # <u>213-7524</u> Fax # <u>(403) 269-9104</u>
Address # <u>3508, 700 - 2nd Street</u>	
<u>SW Calgary, AB T2P 2W2</u>	

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

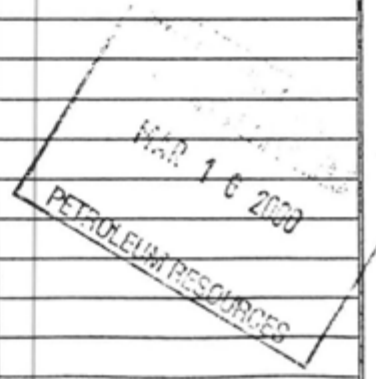
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

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			
July	Paragon			
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>ELISA CHEUNG</u>	Date: <u>03/15/00</u>
Signature: <u>[Signature]</u>	Position Held: <u>PA</u>





## Annual Report of Monthly **Injection** for the year 1999

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 11/00
Signature:	Position Held: Vice-President, Production





**Annual Report of Monthly Injection  
for the year 1999**

**TO: the Minister of Natural Resources**

FORM 9

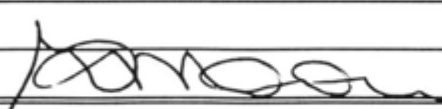
<b>Operator</b>	Shiningbank Energy Ltd.	<b>Tel #:</b> (403) 268-7477
<b>Address:</b>	#1050, 250 - 6 Avenue SW Calgary, Alberta T2P 3H7	<b>Fax #</b> (403) 268-7499

<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	7129.0	2950	31	
Feb	6136.0	2950	28	
Mar	4610.0	2950	31	
Apr	6124.0	2950	30	
May	4951.0	2950	31	
Jun	4676.0	2950	30	
Jul	5970.0	2950	31	
Aug	4788.0	2950	31	
Sep	3817.0	2950	30	
Oct	3077.0	2950	31	
Nov	3077.0	2950	30	
Dec	4386.0	2950	31	
Total	58741.0		365	

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

<b>Name:</b>		<b>Date:</b>	00-02-02
<b>Signature:</b>			

**G.D. (GREG) MOORE  
VICE PRESIDENT, OPERATIONS  
SHININGBANK ENERGY LTD.**



**Annual Report of Monthly Injection  
for the year 1999**

**TO: the Minister of Natural Resources**

FORM 9


<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	6549	2950	31	
Feb	6685	2950	28	
Mar	7022	2950	31	
Apr	7287	2950	30	
May	7361	2950	31	
Jun	7962	2950	30	
Jul	7787	2950	31	
Aug	8291	2950	31	
Sep	7862	2950	30	
Oct	6576	2950	31	
Nov	6576	2950	30	
Dec	7367	2950	31	
<b>Total</b>	<b>87325</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>		<b>Date:</b>	00-02-02
<b>Signature:</b>			

**G.D. (GREG) MOORE  
VICE PRESIDENT, OPERATIONS  
SHININGBANK ENERGY LTD.**



**Annual Report of Monthly Injection  
for the year 1999**

**TO: the Minister of Natural Resources**

FORM 9

<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 #1 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>		<b>Fluid Type:</b>	Fresh Water
<b>Well Status - Mode *:</b>	Active	<b>Injection Formation:</b>	
<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	19196.0	3400	31	
Feb	17388.0	3400	28	
Mar	19579.0	3400	31	
Apr	20218.0	3400	30	
May	23052.0	3400	31	
Jun	25944.0	3400	30	
Jul	28273.0	3400	31	
Aug	17523.0	3400	31	
Sep	17871.0	3400	30	
Oct	20216.0	3400	31	
Nov	18276.0	3400	30	
Dec	15309.0	3400	31	
Total	242845		365	

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

<b>Name:</b>		<b>Date:</b>	00-02-02
<b>Signature:</b>			

**G.D. (GREG) MOORE  
VICE PRESIDENT, OPERATIONS  
SHININGBANK ENERGY LTD.**



**Annual Report of Monthly Injection  
for the year 1999**

**TO: the Minister of Natural Resources**

FORM 9


<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	7129.0	2950	31	
Feb	6136.0	2950	28	
Mar	4610.0	2950	31	
Apr	6124.0	2950	30	
May	4951.0	2950	31	
Jun	4676.0	2950	30	
Jul	5970.0	2950	31	
Aug	4788.0	2950	31	
Sep	3817.0	2950	30	
Oct	3077.0	2950	31	
Nov	3077.0	2950	30	
Dec	4386.0	2950	31	
<b>Total</b>	<b>58741.0</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>		<b>Date:</b>	00-02-02
<b>Signature:</b>			

**G.D. (GREG) MOORE  
VICE PRESIDENT, OPERATIONS  
SHININGBANK ENERGY LTD.**





**Annual Report of Monthly Injection  
for the year 1999**

**TO: the Minister of Natural Resources**

FORM 9


<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	6549	2950	31	
Feb	6685	2950	28	
Mar	7022	2950	31	
Apr	7287	2950	30	
May	7361	2950	31	
Jun	7962	2950	30	
Jul	7787	2950	31	
Aug	8291	2950	31	
Sep	7862	2950	30	
Oct	6576	2950	31	
Nov	6576	2950	30	
Dec	7367	2950	31	
<b>Total</b>	<b>87325</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>		<b>Date:</b>	09-02-02
<b>Signature:</b>			

**G.D. (GREG) MOORE  
VICE PRESIDENT, OPERATIONS  
SHININGBANK ENERGY LTD.**



**Annual Report of Monthly Injection  
for the year 1999**

**TO: the Minister of Natural Resources**

FORM 9

<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 #1 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>		<b>Fluid Type:</b>	Fresh Water
<b>Well Status - Mode *:</b>	Active	<b>Injection Formation:</b>	
<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	19196.0	3400	31	
Feb	17388.0	3400	28	
Mar	19579.0	3400	31	
Apr	20218.0	3400	30	
May	23052.0	3400	31	
Jun	25944.0	3400	30	
Jul	28273.0	3400	31	
Aug	17523.0	3400	31	
Sep	17871.0	3400	30	
Oct	20216.0	3400	31	
Nov	18276.0	3400	30	
Dec	15309.0	3400	31	
Total	242845		365	

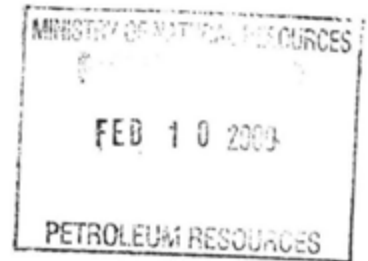
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

<b>Name:</b>		<b>Date:</b>	00-02-02
<b>Signature:</b>			

**G.D. (GREG) MOORE  
VICE PRESIDENT, OPERATIONS  
SHININGBANK ENERGY LTD.**



## Annual Report of Monthly Injection for the year 1999



Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4981	Fax # (403) 231-2816
Address 2400 888 3 <sup>rd</sup> St. S.W. Calgary, Alberta		
T2P 5C5		

*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.

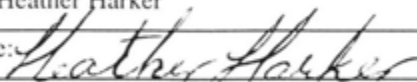
Well Name: Mersea 6-23-VII	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 6 Lot 23 Concession VII	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

\* 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	6839.0	2200	744	220.6
Feb	5611.0	2200	614	219.3
Mar	6381.0	2200	744	205.8
April	6466.0	2200	720	215.5
May	5283.0	2200	667	190.1
June	5488.5	2118	710	185.5
July	6332.0	2200	687	221.2
Aug	5996.9	2200	720	199.9
Sep	6107.0	2200	682	214.9
Oct	6360.0	2200	679	224.8
Nov	6080.6	2200	720	202.7
Dec	6783.0	2377	725	224.5
<b>Total</b>	<b>73,728.0</b>	<b>26495</b>	<b>8412</b>	<b>2524.8</b>

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

Name: Heather Harker	Date: February 9, 2000
Signature: 	Position Held: Canadian Operation Accountant



## Annual Report of Monthly **Injection** for the year 1999

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4981	Fax # (403) 231-2816
Address 2400 888 3 <sup>rd</sup> St. S.W. Calgary, Alberta		
T2P 5C5		

*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.

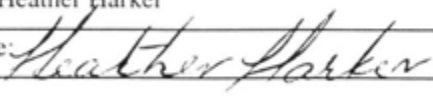
Well Name: Mersea 1-12-A	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 1 Lot 12 Concession A	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40048 IP	

\* 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	3128.0	4968	707	106.2
Feb	1779.0	2804	618	69.1
Mar	1639.0	2084	735	53.5
April	1463.0	1893	676	51.9
May	1546.0	2200	744	49.9
June	1359.0	2200	720	45.3
July	1688.0	2642	744	54.5
Aug	1704.0	3239	744	55.0
Sep	1762.0	3487	720	58.7
Oct	1412.0	3482	744	45.6
Nov	1236.0	3430	720	41.2
Dec	1345.0	3430	744	43.4
<b>Total</b>	<b>20,061.0</b>	<b>35,859</b>	<b>8616</b>	<b>674.3</b>

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

Name: Heather Harker	Date: February 9, 2000
Signature: 	Position Held: Canadian Operation Accountant





RECEIVED BY THE MINISTER OF NATURAL RESOURCES  
 FEB 10 2000  
 PETROLEUM

## Annual Report of Monthly Injection for the year 1999

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4981	Fax # (403) 231-2816
Address 2400 888 3 <sup>rd</sup> St. S.W. Calgary, Alberta		
T2P 5C5		

*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.

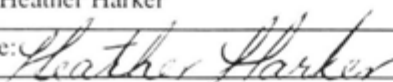
Well Name: Mersea 3-15-1	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 3 Lot 15 Concession I	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Black River Formation
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

\* 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	3039.0	4832	569	128.2
Feb	353.0	4800	76	111.5
Mar	0	0	0	0
April	131.0	4800	24	131.0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
<b>Total</b>	<b>3,523.0</b>	<b>14,432</b>	<b>669</b>	<b>370.7</b>

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

Name: Heather Harker	Date: February 9, 2000
Signature: 	Position Held: Canadian Operation Accountant

