



Annual Report of Monthly **Injection** for the year 2000 amended

Form 6

To: the Minister of Natural Resources

2008-01-01

Operator: Lonnie Barnes	Tel. #519-834-2339	Fax #519-834-2155
Address 2581 Duryee St. Box 242		
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: Barnes FW #1-19	Source Pool:
Township: Enniskillen	Source Formation: 248'
Tract Lot 18 Concession 1 & 2	Injection Fluid Type: fresh water
Well Licence #: see attached list	Injection Formation: Dundee
Well Status - Mode*: ACT	Injection Pool:
Injection Permit #: NA	

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

Description of fluid treatment prior to injection:
Settling in pond

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	246.45	2756.92 (400 PSI)	31
Feb	230.55		29
Mar	246.45		31
April	238.50		30
May	246.45		31
June	238.50		30
July	246.45		31
Aug	246.45		31
Sep	238.50		30
Oct	246.45		31
Nov	238.50		30
Dec	246.45		31
Total	2909.70		366

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

Name: Donna Barnes	Date: April 2, 2009
Signature: <i>Donna Barnes</i>	



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2000

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-I	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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: 13.Feb.01
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2000

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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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: Jane Lowrie	Date: 13.Feb.01
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2000

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*: Abandoned - 17.Apr.00	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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: 13.Feb.01
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2000

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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: 13.Feb.01
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2000

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: floculation, settling pond

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: 13.Feb.01
Signature:	Position Held: President



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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	

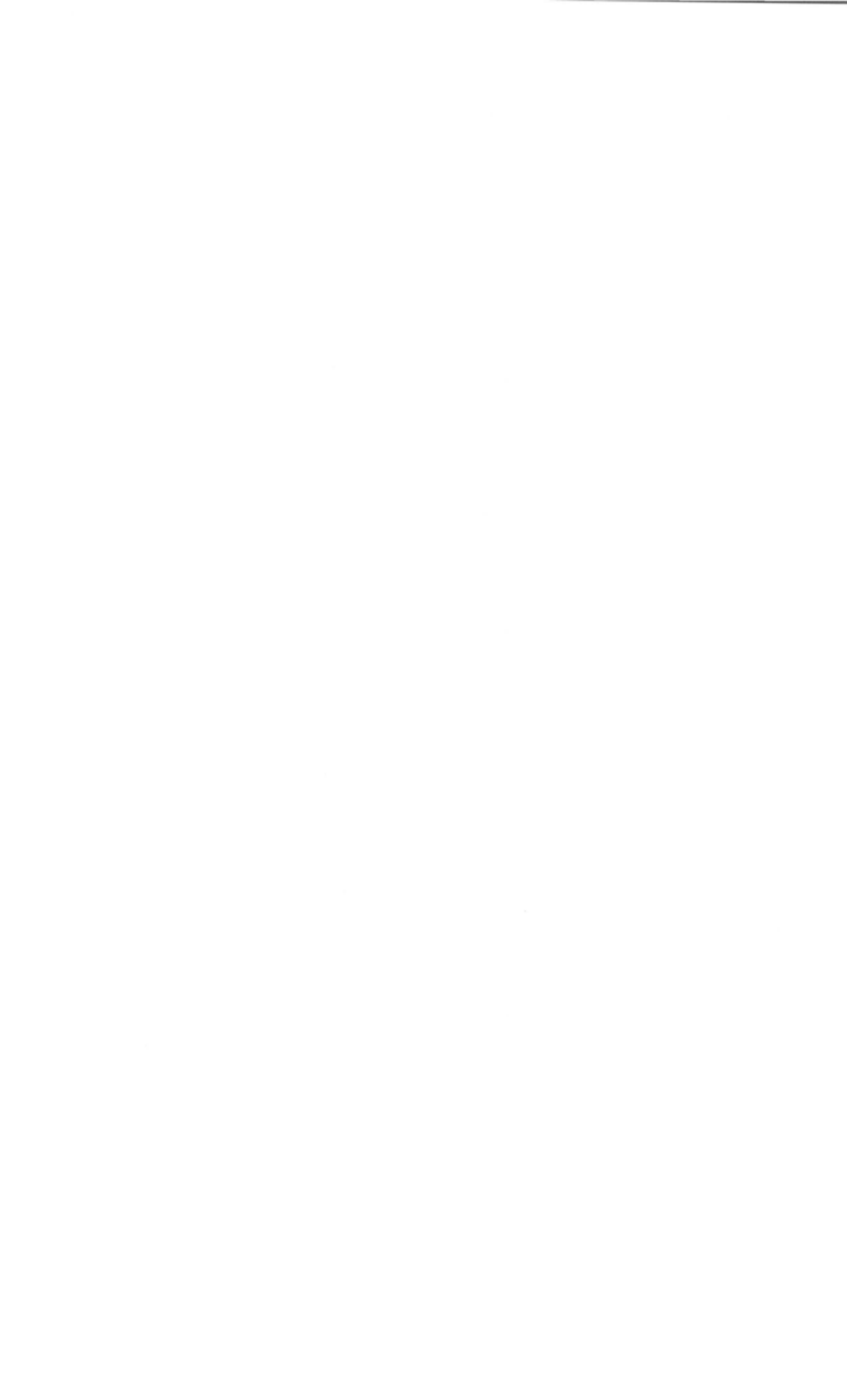
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: 13.Feb.01
Signature:	Position Held: President





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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*: Abandoned - 13.Oct.00	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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: Jane Lowrie	Date: 13.Feb.01
Signature:	Position Held: President



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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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: 13.Feb.01
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
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 for the year 2000

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: chlorine, biocidem corrosion inhibitor, coagulant, filtered

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: 13.Feb.01
Signature:	Position Held: President





Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2000

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*: Abandoned - 11.Nov.00	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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: 13.Feb.01
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2000

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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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 Lewrie	Date: 13.Feb.01
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
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 for the year 2000

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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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: 13.Feb.01
Signature:	Position Held: President



Annual Report of Monthly Injection
for the year 2000

Form 6 To: the Minister of Natural Resources

Operator: Northrock Resources	Tel. # 213-7551	Fax # (403) 269-9104
Address # 3508, 700 - 2nd Street		
SW Calgary, AB T2P 2W2		

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 #:	

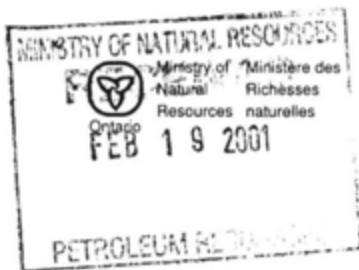
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: Dawn Grella	Date: Feb 14/01
Signature: Dawn Grella	Position Held: Production Accountant



Oil, Gas and Salt Resources Act

Annual Report of Monthly **Injection** for the year 2000

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 <i>Guelph</i>
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

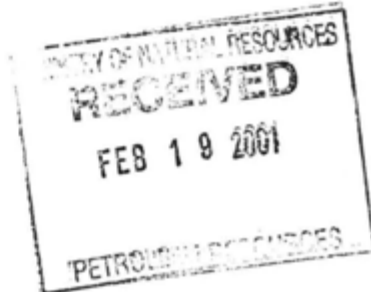
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	1611.38	0	31	51.98
Feb	878.06	0	29	30.28
Mar	2189.94	0	31	70.64
April	2425.33	0	30	80.84
May	2077.37	0	31	67.01
June	1436.77	0	30	47.89
July	1556.72	0	31	50.22
Aug	1507.79	0	31	48.64
Sep	1121.12	0	30	54.07
Oct	1723.49	0	31	55.60
Nov	1819.50	0	30	60.65
Dec	1891.00	0	31	61.00
Total	20238.47		366	56.66

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 13, 2001
Signature: <i>Madeline Brett</i>	Position: President



Annual Report of Monthly **Injection**
for the year 2000



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.

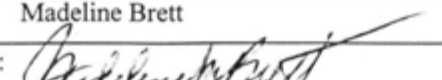
Well Name: Robert McMaster & Sons - Gobles 2	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 19 Concession 1	Fluid Type:
Well Licence #: 141	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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 13, 2001
Signature: 	Position: President



Annual Report of Monthly Injection
 for the year 2000

RECEIVED
 FEB 13 2001
 PETROLEUM RESOURCES

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.

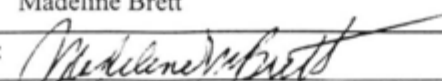
Well Name: Robert McMaster & Sons - Gobles 4	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 22 Concession 1	Fluid Type:
Well Licence #: 149	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

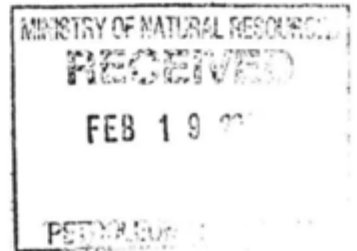
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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 13, 2001
Signature: 	Position: President



Annual Report of Monthly **Injection** for the year 2000

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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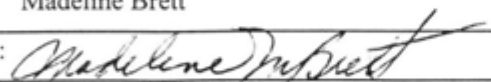
Well Name: Robert McMaster & Sons - Gobles 7	Source Pool: Gobles
Township: Burford	Source Formation:
Tract 3 Lot 19 Concession 1	Fluid Type:
Well Licence #: 1025	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

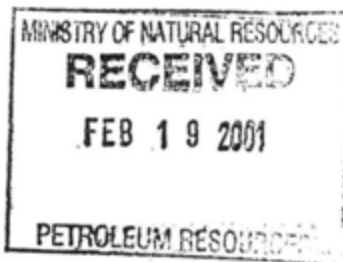
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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 13, 2001
Signature: 	Position: President



Annual Report of Monthly **Injection** for the year 2000

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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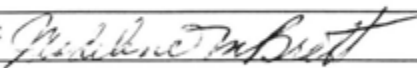
Well Name: McMaster #22 – Gobles 18	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 20 Concession 1	Fluid Type:
Well Licence #: 1278	Injection Formation:
Well Status - Mode*: Abandoned	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:
--

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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 13, 2001
Signature: 	Position: President

MINISTRY OF NATURAL RESOURCES
 FEB 19 2001
 MINISTRY OF NATURAL RESOURCES

Annual Report of Monthly **Injection** for the year 2000

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.

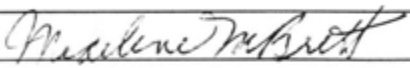
Well Name: McMaster #31 Gobles 20	Source Pool: Gobles
Township: Burford	Source Formation:
Tract 7 Lot 16 Concession	Fluid Type:
Well Licence #: 1287	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

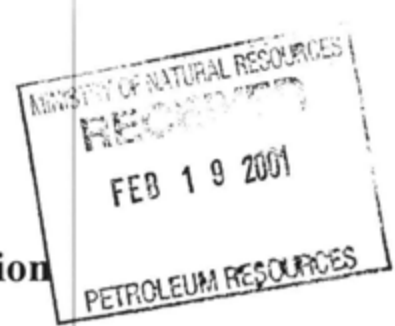
Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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 13, 2001
Signature: 	Position: President

Annual Report of Monthly **Injection**
for the year 2000



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.

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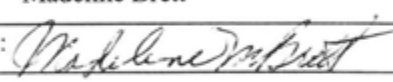
Well Name: Kewanee Gobles 24	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 18 Concession 1	Fluid Type:
Well Licence #: 1492	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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 13, 2001
Signature: 	Position: President



Annual Report of Monthly **Injection** for the year 2000

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.

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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 #:	

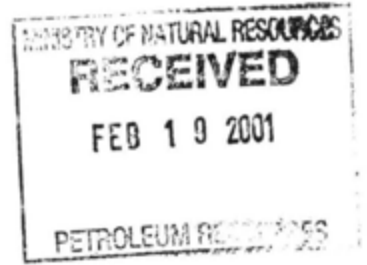
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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 13, 2001
Signature: <i>Madeline Brett</i>	Position: President



Annual Report of Monthly Injection for the year 2000

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.

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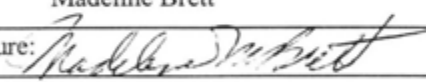
Well Name: Kewanee Gobles 42	Source Pool: Gobles
Township: Burford	Source Formation:
Tract Lot 18 Concession 2	Fluid Type:
Well Licence #: 1916	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

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

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Name: Madeline Brett	Date: February 13, 2001
Signature: 	Position: President



Annual Report of Monthly **Injection** for the year 2000

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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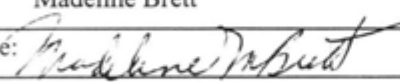
Well Name: Imperial Kewanee Gobles 45	Source Pool: Gobles
Township: Burford	Source Formation:
Tract 3 Lot 7 Concession 1	Fluid Type:
Well Licence #: 1719	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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 13, 2001
Signature: 	Position: President





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

Operator Name: CHARLES FAINDRUK OIL PROPERTIES LTD	Well Permit No.:	Injection Permit No.:
Address: P.O. Box 10 PETROHUB, ONT NW 1R0	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe) SECONDARY RECOVERY
	Location: HAMILTON County LUNenburg Township 19 Lot II Conc.	Injection Formation DUNDAS

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

Month	INJECTION DATA				AVERAGE DAILY			
	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 ³ m ³)	Inj. Pressure (kPa)	inj. Rate (m ³ /day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
Jan	/	/	/	/	/	/	/	/
Feb	/	/	/	/	/	/	/	/
Mar	/	/	/	/	/	/	/	/
Apr	/	/	/	/	/	/	/	/
May	/	/	/	/	/	/	/	/
June	Produced water	water	FILTRATION	2,033	250-300 p.s.i.	9.5		ACTIVE
July								
Aug								
Sept								
Oct								
Nov								
Dec							214	
TOTALS								

Date: **Feb 14/07**

SIGNATURE:



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

Operator Name: <i>Philip Maningasim</i>	Well Permit No.:	Injection Permit No.:
Address: <i>Oil Springs NW 1P0</i>	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe) <i>Secondary Recovery</i>
	Location: <i>Winnipeg 19 II</i> <i>Winnipeg</i> County <i>Winnipeg</i> Township Lot Conc.	Injection Formation <i>DUNDIE</i>

Notes: (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			
Month	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 ³ m ³)	Inj. Pressure (kPa)	Inj. Rate (m ³ /day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
Jan.	<i>Production water</i>	<i>H₂O</i>	<i>Filtration</i>	<i>1.444</i>	<i>250-300 psi</i>	<i>9.5</i>	<i>152</i>	<i>Active</i>
Feb.								
Mar.								
Apr.								
May								
June								
July								
Aug.								
Sept.								
Oct.								
Nov.								
Dec.								
TOTALS								

DATE: *Feb 14 / 2001*

SIGNATURE: *Philip Maningasim*



Annual Report of Monthly Injection for the year 2000

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4981	Fax # (403) 231-2816
Address 2400 888 3 rd 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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m ³ /day)
Jan	1359.0	3430	744	43.8
Feb	1068.0	3430	696	36.8
Mar	1267.0	3430	744	40.9
April	1213.5	3430	720	40.5
May	466.8	1800	312	35.9
June	899.3	2029	288	74.9
July	849.0	2300	306	66.6
Aug	4851.5	2168	636	183.1
Sep	3999.0	2797	692	138.7
Oct	3535.5	2635	733	115.8
Nov	2911.0	2414	720	97.0
Dec	2627.6	1906	744	81.5
Total	25,047.2	31,769	7335	955.5

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 6, 2001
Signature:	Position Held: Canadian Operation Accountant

Annual Report of Monthly **Injection** for the year 2000

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4981	Fax # (403) 231-2816
Address 2400 888 3 rd 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.

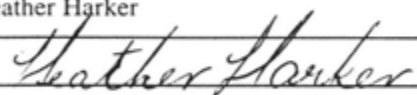
Well Name: Mersea 6-23-VII	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 6 Lot 23 Concession VII	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

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

Description of fluid treatment prior to injection:
--

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m ³ /day)
Jan	6690.0	2400	734	218.8
Feb	5624.0	2400	696	193.9
Mar	7459.0	2400	720	248.6
April	6123.5	2400	714	205.8
May	6739.5	2903	740	218.6
June	6219.5	3000	714	209.1
July	6376.8	3187	734	208.5
Aug	5829.9	2939	673	207.9
Sep	6233.7	2560	712	210.1
Oct	6591.0	2816	706	224.1
Nov	6725.0	3000	706	228.6
Dec	6362.0	2924	668	228.6
Total	76,973.9	32,939	8,517	

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 6, 2001
Signature: 	Position Held: Canadian Operation Accountant

TALISMAN ENERGY INC. - MORPETH GAS PLANT
 MONTHLY INJECTION RECORD FOR BRINE INJECTION WELL @ HOWARD 1-96-STRBF
 IN THE TOWNSHIP OF HOWARD, COUNTY OF KENT - PERMIT #8230

Pt. Colborne Office
 Station - keep copy

2000 MONTH OF July	BRINE VOLUMES (M ³) DISPOSED				TOTAL DAILY VOLUME DISPOSED (M ³)	YEAR-To-DATE CUMMULATIVE TOTAL VOLUME DISPOSED (M ³)	MAINTENANCE & COMMENTS	AVERAGE HOURLY INJECTION RATE (M ³ per Hour)	AVERAGE INJECTION PRESSURE (psig)	AVERAGE INJECTION PRESSURE (kPag)	ANNULUS PRESSURE (kPag)	Initials
	SOURCE OF FLUID MORPETH	SOURCE OF FLUID PORT ALMA	SOURCE OF FLUID	SOURCE OF FLUID								
CARRY FWD						8,193.948						
1	35.562				35.562	8,229.510		1.992	460	3,172		SO
2	33.262				33.262	8,262.772		2.000	435	2,999		SO
3	45.545				45.545	8,308.317		1.875	481	3,316		SO
4	44.272				44.272	8,352.589		1.975	460	3,172		PM
5	17.399				17.399	8,369.988		1.992	470	3,241		PM
6	43.516				43.516	8,413.504		0.000	0	0		PM
7	8.041				8.041	8,421.545		0.000	0	0		PM
8	1.824				1.824	8,423.369		0.250	480	3,310		PM
9	0.154				0.154	8,423.523		0.000	0	0		PM
10	4.283				4.283	8,427.806		0.000	0	0		SO
11	0.464				0.464	8,428.270		0.000	0	0		SO
12	0.000				0.000	8,428.270		0.000	0	0		SO
13	0.000				0.000	8,428.270		0.000	0	0		SO
14	0.000				0.000	8,428.270		0.000	0	0		SO
15	0.000				0.000	8,428.270	acid job	0.000	0	0		SO
16	12.950				12.950	8,441.220		1.917	185	1,276		SO
17	3.641				3.641	8,444.861		0.000	0	0		PM
18	37.150				37.150	8,482.011		1.894	270	1,862		PM
19	49.374				49.374	8,531.385		1.869	290	2,000		PM
20	39.444				39.444	8,570.829		1.906	285	1,965		SO
21	33.858				33.858	8,604.687		0.000	0	0		PM
22	0.000				0.000	8,604.687		1.917	240	1,655		PM
23	30.626				30.626	8,635.313		1.833	220	1,517		PM
24	11.510				11.510	8,646.823		1.875	225	1,551		SO
25	25.359				25.359	8,672.182		1.958	235	1,620		SO
26	33.548				33.548	8,705.730		1.958	285	1,965		SO
27	32.482				32.482	8,738.212		1.902	260	1,793		SO
28	44.782				44.782	8,782.994		1.875	280	1,931		SO
29	39.538				39.538	8,822.532		1.833	287	1,979		SO
30	42.773				42.773	8,865.305		1.875	305	2,103		SO
31	33.412				33.412	8,898.717		1.854	290	2,000		PM
Totals:	704.769	0.000	0.000	0.000	704.769		Averages:	1.179	208	1,433		

TALISMAN ENERGY INC. - MORPETH GAS PLANT
MONTHLY INJECTION RECORD FOR BRINE INJECTION WELL @ HOWARD 1-96-STRBF
IN THE TOWNSHIP OF HOWARD, COUNTY OF KENT - PERMIT #8230

PL. Colborne Office
 Station - keep copy

2000 MONTH OF August	BRINE VOLUMES (M ³) DISPOSED				TOTAL DAILY VOLUME DISPOSED (M ³)	YEAR-TO-DATE CUMMULATIVE TOTAL VOLUME DISPOSED (M ³)	MAINTENANCE & COMMENTS	AVERAGE HOURLY INJECTION RATE (M ³ per Hour)	AVERAGE INJECTION PRESSURE (psig)	AVERAGE INJECTION PRESSURE (kPag)	ANNULUS PRESSURE (kPag)	Initials
	SOURCE OF FLUID MORPETH	SOURCE OF FLUID PORT ALMA	SOURCE OF FLUID ERIEAU DOCK	SOURCE OF FLUID								
CARRY FWD						8,898.717						
1	43.156				43.156	8,941.873		1.819	315	2,172		PM
2	42.865				42.865	8,984.738		1.792	315	2,172		PM
3	23.242				23.242	9,007.980		1.875	280	1,931		PM
4	17.476				17.476	9,025.456		0.917	270	1,862		PM
5	26.109				26.109	9,051.565		1.500	240	1,655		PM
6	42.451				42.451	9,094.016		1.792	300	2,069		PM
7	28.690				28.690	9,122.706		1.458	240	1,655		PM
8	43.806				43.806	9,166.512		1.938	315	2,172		SO
9	39.048				39.048	9,205.560		1.458	257	1,772		SO
10	31.827				31.827	9,237.387		1.375	260	1,793		SO
11	32.499				32.499	9,269.886		1.442	261	1,800		SO
12	36.024				36.024	9,305.910		1.483	262	1,806		SO
13	35.656				35.656	9,341.566		1.846	325	2,241		SO
14	36.273				36.273	9,377.839		0.792	265	1,827		PM
15	35.451				35.451	9,413.290		1.521	280	1,931		PM
16	36.575				36.575	9,449.865		1.500	279	1,924		SO
17	36.144				36.144	9,486.009		1.708	300	2,069		SO
18	28.530				28.530	9,514.539		1.500	260	1,793		SO
19	43.393				43.393	9,557.932		1.750	320	2,206		PM
20	44.244				44.244	9,602.176		1.750	337	2,324		PM
21	21.262				21.262	9,623.438		1.958	357	2,462		SO
22	34.363				34.363	9,657.801		1.958	330	2,275		SO
23	45.443				45.443	9,703.244		1.950	345	2,379		SO
24	26.901				26.901	9,730.145		1.958	330	2,275		SO
25	47.385				47.385	9,777.530		1.975	362	2,496		SO
26	16.736				16.736	9,794.266		0.979	322	2,220		SO
27	35.527				35.527	9,829.793		0.938	360	2,482		SO
28	33.030				33.030	9,862.823		1.792	235	1,620		PM
29	36.695				36.695	9,899.518		1.833	355	2,448		PM
30	32.749				32.749	9,932.267		1.854	355	2,448		PM
31	43.659				43.659	9,975.926		1.938	385	2,655		PM
Totals:	1,077.209	0.000	0.000	0.000	1,077.209		Averages:	1.624	304	2,095		

TALISMAN ENERGY INC. - MORPETH GAS PLANT
MONTHLY INJECTION RECORD FOR BRINE INJECTION WELL @ HOWARD 1-96-STRBF
IN THE TOWNSHIP OF HOWARD, COUNTY OF KENT - PERMIT #8230

Pl. Colborne Office
 Station - keep copy

2000 MONTH OF September	BRINE VOLUMES (M ³) DISPOSED				TOTAL DAILY VOLUME DISPOSED (M ³)	YEAR-TO-DATE CUMMULATIVE TOTAL VOLUME DISPOSED (M ³)	MAINTENANCE & COMMENTS	AVERAGE HOURLY INJECTION RATE (M ³ per Hour)	AVERAGE INJECTION PRESSURE (psig)	AVERAGE INJECTION PRESSURE (kPag)	ANNULUS PRESSURE (kPag)	Initials
	SOURCE OF FLUID MORPETH	SOURCE OF FLUID PORT ALMA	SOURCE OF FLUID	SOURCE OF FLUID								
CARRY FWD						9,975.926						
1	15.012				15.012	9,990.938		1.689	385	2,655		PM
2	26.667				26.667	10,017.605		1.840	330	2,275		PM
3	33.470				33.470	10,051.075		1.830	340	2,344		PM
4	42.743				42.743	10,093.818		1.771	360	2,482		PM
5	34.368				34.368	10,128.186		1.833	368	2,537		SO
6	30.071				30.071	10,158.257		1.166	240	1,655		SO
7	31.537				31.537	10,189.794		1.438	290	2,000		SO
8	34.539				34.539	10,224.333		1.396	295	2,034		SO
9	34.331				34.331	10,258.664		1.625	310	2,137		SO
10	38.975				38.975	10,297.639		1.833	360	2,482		SO
11	14.602				14.602	10,312.241		1.042	220	1,517		PM
12	24.842				24.842	10,337.083		1.500	290	2,000		PM
13	30.745				30.745	10,367.828		1.733	330	2,275		SO
14	43.310				43.310	10,411.138		1.775	355	2,448		SO
15	42.554				42.554	10,453.692		1.792	345	2,379		SO
16	5.913				5.913	10,459.605		0.875	190	1,310		PM
17	43.094				43.094	10,502.699		1.542	295	2,034		PM
18	27.521				27.521	10,530.220		1.738	325	2,241		SO
19	39.609				39.609	10,569.829		1.773	360	2,482		SO
20	42.383				42.383	10,612.212		1.792	370	2,551		SO
21	14.616				14.616	10,626.828		0.875	305	2,103		SO
22	33.017				33.017	10,659.845		1.808	347	2,393		SO
23	30.344				30.344	10,690.189		1.458	290	2,000		SO
24	41.480				41.480	10,731.669		1.760	360	2,482		SO
25	12.018				12.018	10,743.687		1.783	260	1,793		PM
26	31.581				31.581	10,775.268		1.779	325	2,241		PM
27	42.025				42.025	10,817.293		1.775	356	2,455		PM
28	42.677				42.677	10,859.970		1.750	370	2,551		PM
29	3.133				3.133	10,863.103		0.275	250	1,724		PM
30	0.000				0.000	10,863.103		0.000	0	0		PM
Totals:	887.177	0.000	0.000	0.000	887.177		Averages:	1.508	307	2,119		

TALISMAN ENERGY INC. - MORPETH GAS PLANT
MONTHLY INJECTION RECORD FOR BRINE INJECTION WELL @ HOWARD 1-96-STRBF
IN THE TOWNSHIP OF HOWARD, COUNTY OF KENT - PERMIT #8230

PL Colborne Office
 Station - keep copy

2000 MONTH OF October	BRINE VOLUMES (M ³) DISPOSED				TOTAL DAILY VOLUME DISPOSED (M ³)	YEAR-TO-DATE CUMMULATIVE TOTAL VOLUME DISPOSED (M ³)	MAINTENANCE & COMMENTS	AVERAGE HOURLY INJECTION RATE (M ³ per Hour)	AVERAGE INJECTION PRESSURE (psig)	AVERAGE INJECTION PRESSURE (kPag)	ANNULUS PRESSURE (kPag)	Initials
	SOURCE OF FLUID MORPETH	SOURCE OF FLUID PORT ALMA	SOURCE OF FLUID	SOURCE OF FLUID								
CARRY FWD						10,863.103						
1	4.635				4.635	10,867.738		1.771	285	1,965		PM
2	31.407				31.407	10,899.145		1.500	250	1,724		SO
3	24.943				24.943	10,924.088		1.458	260	1,793		SO
4	30.186				30.186	10,954.274		1.500	270	1,862		PM
5	15.891				15.891	10,970.165		1.500	260	1,793		PM
6	16.662				16.662	10,986.827		1.830	285	1,965		SO
7	26.258				26.258	11,013.085		1.875	265	1,827		SO
8	18.591				18.591	11,031.676		1.830	280	1,931		SO
9	30.257				30.257	11,061.933		1.000	200	1,379		PM
10	23.596				23.596	11,085.529		1.000	201	1,386		PM
11	24.316				24.316	11,109.845		1.917	310	2,137		SO
12	34.285				34.285	11,144.130		1.500	270	1,862		SO
13	26.267				26.267	11,170.397		1.417	260	1,793		PM
14	30.161				30.161	11,200.558		0.938	220	1,517		PM
15	25.534				25.534	11,226.092		0.938	215	1,482		PM
16	23.228				23.228	11,249.320		1.854	330	2,275		SO
17	12.772				12.772	11,262.092		1.875	360	2,482		SO
18	46.695				46.695	11,308.787		0.458	210	1,448		PM
19	12.014				12.014	11,320.801		2.000	400	2,758		PM
20	28.447				28.447	11,349.248		1.792	400	2,758		SO
21	23.210				23.210	11,372.458		0.917	200	1,379		SO
22	11.385				11.385	11,383.843		1.417	285	1,965		SO
23	12.719				12.719	11,396.562		1.375	280	1,931		PM
24	24.550				24.550	11,421.112		1.021	205	1,413		PM
25	25.905				25.905	11,447.017		1.396	307	2,117		SO
26	16.231				16.231	11,463.248		1.375	225	1,551		SO
27	8.093				8.093	11,471.341		0.492	110	758		PM
28	10.164				10.164	11,481.505		0.979	260	1,793		PM
29	31.125				31.125	11,512.630		1.417	305	2,103		PM
30	34.083				34.083	11,546.713		1.396	315	2,172		SO
31	14.218				14.218	11,560.931		1.396	295	2,034		SO
Totals:	697.828	0.000	0.000	0.000	697.828		Averages:	1.391	268	1,850		

TALISMAN ENERGY INC. - MORPETH GAS PLANT
MONTHLY INJECTION RECORD FOR BRINE INJECTION WELL @ HOWARD 1-96-STRBF
IN THE TOWNSHIP OF HOWARD, COUNTY OF KENT - PERMIT #8230

Pl. Colborne Office
 Station - keep copy

2000 MONTH OF November	BRINE VOLUMES (M ³) DISPOSED				TOTAL DAILY VOLUME DISPOSED (M ³)	YEAR-TO-DATE CUMMULATIVE TOTAL VOLUME DISPOSED (M ³)	MAINTENANCE & COMMENTS	AVERAGE HOURLY INJECTION RATE (M ³ per Hour)	AVERAGE INJECTION PRESSURE (psig)	AVERAGE INJECTION PRESSURE (kPag)	ANNULUS PRESSURE (kPag)	Initials
	SOURCE OF FLUID MORPETH	SOURCE OF FLUID PORT ALMA	SOURCE OF FLUID	SOURCE OF FLUID								
CARRY FWD						11,560.931						
1	35.181				35.181	11,596.112		1.408	310	2,137		PM
2	15.989				15.989	11,612.101		0.625	210	1,448		PM
3	8.431				8.431	11,620.532		0.979	238	1,641		SO
4	11.301				11.301	11,631.833		0.979	250	1,724		SO
5	13.179				13.179	11,645.012		0.979	250	1,724		SO
6	34.096				34.096	11,679.108		1.033	240	1,655		PM
7	17.367				17.367	11,696.475		0.833	200	1,379		PM
8	26.774				26.774	11,723.249		1.058	240	1,655		BW
9	23.729				23.729	11,746.978		1.083	250	1,724		BW
10	23.241				23.241	11,770.219		0.521	235	1,620		PM
11	24.010				24.010	11,794.229		1.054	220	1,517		BW
12	23.369				23.369	11,817.598		0.500	212	1,462		PM
13	26.474				26.474	11,844.072		0.917	290	2,000		SO
14	17.518				17.518	11,861.590		1.121	310	2,137		SO
15	7.275				7.275	11,868.865		0.833	290	2,000		PM
16	0.013				0.013	11,868.878		0.102	160	1,103		PM
17	23.972				23.972	11,892.850		1.042	200	1,379		SO
18	12.617				12.617	11,905.467		1.042	200	1,379		SO
19	7.615				7.615	11,913.082		0.896	220	1,517		SO
20	23.026				23.026	11,936.108		1.031	191	1,317		PM
21	24.304				24.304	11,960.412		0.992	210	1,448		PM
22	19.655				19.655	11,980.067		0.992	200	1,379		SO
23	29.105				29.105	12,009.172		1.063	220	1,517		SO
24	24.895				24.895	12,034.067		1.033	200	1,379		PM
25	24.700				24.700	12,058.767		1.017	215	1,482		PM
26	24.490				24.490	12,083.257		1.007	200	1,379		PM
27	18.671				18.671	12,101.928		1.008	203	1,400		SO
28	29.041				29.041	12,130.969		1.063	218	1,503		SO
29	22.577				22.577	12,153.546		1.083	223	1,538		PM
30	26.179				26.179	12,179.725		1.112	240	1,655		PM
Totals:	618.794	0.000	0.000	0.000	618.794		Averages:	0.947	228	1,573		

TALISMAN ENERGY INC. - MORPETH GAS PLANT
 MONTHLY INJECTION RECORD FOR BRINE INJECTION WELL @ HOWARD 1-96-STRBF
 IN THE TOWNSHIP OF HOWARD, COUNTY OF KENT - PERMIT #8230

Pt. Colborne Office
 Station - keep copy

2000 MONTH OF December	BRINE VOLUMES (M ³) DISPOSED				TOTAL DAILY VOLUME DISPOSED (M ³)	YEAR-TO-DATE CUMMULATIVE TOTAL VOLUME DISPOSED (M ³)	MAINTENANCE & COMMENTS	AVERAGE HOURLY INJECTION RATE (M ³ per Hour)	AVERAGE INJECTION PRESSURE (psig)	AVERAGE INJECTION PRESSURE (kPag)	ANNULUS PRESSURE (kPag)	Initials
	SOURCE OF FLUID MORPETH	SOURCE OF FLUID PORT ALMA	SOURCE OF FLUID	SOURCE OF FLUID								
CARRY FWD						12,179.725						
1	25.286				25.286	12,205.011		1.050	240	1,655		SO
2	26.287				26.287	12,231.298		1.075	240	1,655		SO
3	26.564				26.564	12,257.862		1.021	240	1,655		SO
4	24.155				24.155	12,282.017		1.000	230	1,586		PM
5	28.183				28.183	12,310.200		1.463	321	2,213		PM
6	35.195				35.195	12,345.395		1.454	330	2,275		SO
7	33.768				33.768	12,379.163		1.438	340	2,344		SO
8	34.072				34.072	12,413.235		1.125	300	2,069		PM
9	25.374				25.374	12,438.609		1.021	250	1,724		PM
10	24.811				24.811	12,463.420		1.229	268	1,848		PM
11	29.786				29.786	12,493.206		1.438	330	2,275		SO
12	33.507				33.507	12,526.713		1.438	328	2,262		SO
13	34.571				34.571	12,561.284		1.442	345	2,379		PM
14	32.572				32.572	12,593.856		1.458	330	2,275		PM
15	27.184				27.184	12,621.040		1.404	340	2,344		SO
16	34.877				34.877	12,655.917		1.421	335	2,310		SO
17	34.734				34.734	12,690.651		1.446	338	2,331		SO
18	33.083				33.083	12,723.734		1.471	335	2,310		PM
19	31.381				31.381	12,755.115		1.471	345	2,379		PM
20	35.207				35.207	12,790.322		1.483	350	2,413		BW
21	35.493				35.493	12,825.815		1.467	340	2,344		BW
22	33.599				33.599	12,859.414		1.467	355	2,448		PM
23	33.496				33.496	12,892.910		1.213	359	2,475		PM
24	24.606				24.606	12,917.516		0.983	250	1,724		PM
25	22.772				22.772	12,940.288		0.992	260	1,793		SO
26	24.932				24.932	12,965.220		0.979	249	1,717		SO
27	22.378				22.378	12,987.598		1.000	260	1,793		BW
28	24.000				24.000	13,011.598		1.000	260	1,793		BW
29	23.606				23.606	13,035.204		0.988	255	1,758		SO
30	23.722				23.722	13,058.926		0.988	255	1,758		SO
31	23.712				23.712	13,082.638		0.992	260	1,793		SO
Totals:	902.913	0.000	0.000	0.000	902.913		Averages:	1.239	298	2,055		

Annual Report of Monthly Injection

for the year 2000

Form 6 To: the Minister of Natural Resources

Operator: <u>LONNIE BARNES</u>	Tel. # <u>519-834-2331</u>	Fax # <u>519-834-2155</u>
Address <u>2581 DURVEE ST.</u>		
<u>OIL SPRINGS, ON N0N 1P0</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>MAGGILLURAY</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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	1410.50	2756.92 kPag	31	45.5
Feb	1319.50	(400 PSI)	29	
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	16653.00		366	

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>Jan. 18/01</u>
Signature: <u>Donna Barnes</u>	

**Annual Report of Monthly Injection
for the year 2000**

TO: the Minister of Natural Resources

FORM 9

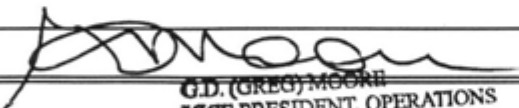
Operator	Shiningbank Energy Ltd.	Tel #: (403) 268-7477
Address:	#1310, 111 - 5th aAve S.W. Calgary, Alberta T2P 3Y5	Fax # (403) 268-7499

Well Name:	Rodney Unit #1 Water Injection	Source Pool:	Aquifer
Township:	Aldborough	Source Formation:	
Tract	Lot	Concession	
Well Licence #:		Fluid Type:	Fresh Water
Well Status - Mode *:	Active	Injection Formation:	
Injection Permit:		Injection Pool:	

Description of fluid treatment prior to injection:
Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	16410.0	3400	31	
Feb	17345.0	3400	29	
Mar	20375.0	3400	31	
Apr	18456.0	3400	30	
May	19300.0	3400	31	
Jun	18582.0	3400	30	
Jul	16612.0	3400	31	
Aug	15277.0	3400	31	
Sep	15405.0	3400	30	
Oct	17391.0	3400	31	
Nov	16492.0	3400	30	
Dec	16812.0	3400	31	
Total	208457		366	

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

Name:		Date: February 21, 2001
Signature:		

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

**Annual Report of Monthly Injection
for the year 2000**

TO: the Minister of Natural Resources

FORM 9


Operator	Shiningbank Energy Ltd.	Tel #: (403) 268-7477
Address:	#1310, 111 - 5th aAve S.W. Calgary, Alberta T2P 3Y5	Fax # (403) 268-7499

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

Description of fluid treatment prior to injection:
Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	7021	2950	31	
Feb	7356	2950	29	
Mar	8314	2950	31	
Apr	7470	2950	30	
May	6225	2950	31	
Jun	6327	2950	30	
Jul	6424	2950	31	
Aug	7478	2950	31	
Sep	7685	2950	30	
Oct	9203	2950	31	
Nov	8647	2950	30	
Dec	7845	2950	31	
Total	89995		366	

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

Name:		Date: February 21, 2001
Signature:		

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

**Annual Report of Monthly Injection
for the year 2000**

TO: the Minister of Natural Resources

FORM 9


Operator	Shiningbank Energy Ltd.	Tel #: (403) 268-7477
Address:	#1310, 111 - 5th aAve S.W. Calgary, Alberta T2P 3Y5	Fax # (403) 268-7499

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

Description of fluid treatment prior to injection:
Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	4556.0	2950	31	
Feb	4052.0	2950	29	
Mar	4041.0	2950	31	
Apr	3622.0	2950	30	
May	3471.0	2950	31	
Jun	3033.0	2950	30	
Jul	3010.0	2950	31	
Aug				
Sep				
Oct				
Nov				
Dec				
Total	25785.0		213	

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

Name:		Date: February 21, 2001
Signature:		

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

