



Annual Report of Monthly **Injection** for the year 2002 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	222.60		28
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	2901.75		365

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>	



MINISTRY OF NATURAL RESOURCES
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 FEB 17 2003
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Annual Report of Monthly **Injection** for the year 2002

Form 6 To: the Minister of Natural Resources

Operator: Lonnie Barnes	Tel. # 519-834-2339 Fax #519-834-2155
Address Box 242, 2581 Duryee 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: Barnes FW#1-18	Source Pool:
Township: Enniskillen	Source Formation: 248 ft.
Tract Lot 18 Concession 2	Fluid Type: Fresh Water
Well Licence #: See attached list	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 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	1274.00	(400 PSI)	28	
Mar	1410.50		31	
April	1365.00		30	
May	1410.50		31	
June	1365.00		30	
July	1410.50		31	
Aug	1410.50		31	
Sep	1365.00		30	
Oct	1410.50		31	
Nov	1365.00		30	
Dec	1410.50		31	
Total	16607.50		365	

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

Name: Donna Barnes	Date: January 20, 2003
Signature: <i>Donna Barnes</i>	



Injection Wells
(all active)

Well Name	Well Licence
Barnes FW # 1,Enniskillen-18-2	T010215
Barnes FW # 2,Enniskillen-18-2	T010216
Barnes FW # 3,Enniskillen-18-2	T010217
Barnes FW # 4,Enniskillen-18-2	T010218
Barnes FW # 5,Enniskillen-18-2	T010219
Barnes FW # 6,Enniskillen-18-2	T010220
Barnes FW # 7,Enniskillen-18-2	T010221
Barnes FW # 8,Enniskillen-18-2	T010179
Barnes FW # 9,Enniskillen-18-2	T010180
Barnes FW #10,Enniskillen-18-2	T010181
Barnes FW #11,Enniskillen-18-2	T010253
Barnes FW #12,Enniskillen-18-1	T010182
Barnes FW #13,Enniskillen-18-1	T010183
Barnes FW #14,Enniskillen-18-1	T010184
Barnes FW #15,Enniskillen-18-1	T010185
Barnes FW #16,Enniskillen-18-1	T010186
Barnes FW #17,Enniskillen-18-1	T010187
Barnes FW #18,Enniskillen-18-1	T010188





Annual Report of Monthly **Injection**
for the year 2002



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: Guelph
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

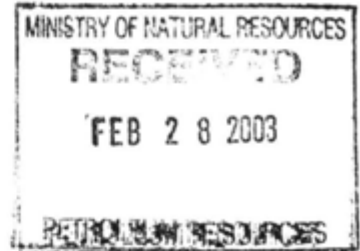
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	3051.03	0	31	98.42
Feb	2679.62	0	28	95.70
Mar	3013.81	0	31	97.22
April	3762.05	0	30	125.40
May	3075.56	0	31	99.21
June	2126.72	0	30	70.89
July	2164.13	0	31	69.81
Aug	2059.07	0	31	66.42
Sep	1985.32	0	30	66.18
Oct	1834.25	0	31	59.17
Nov	1938.40	0	30	64.61
Dec	2336.16	0	31	75.36
Total	30,026.12		365	82.26

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 26, 2003
Signature:	Position: President



Annual Report of Monthly Injection for the year 2002



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.

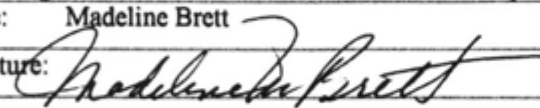
Well Name: Robert McMaster & Sons - Gobles 2	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 19 Concession 1	Fluid Type:
Well Licence #: 141	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

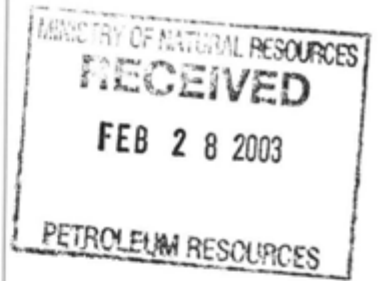
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec	▼	▼	▼	▼
Total				

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 26/03
Signature: 	Position: President



Annual Report of Monthly Injection for the year 2002



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

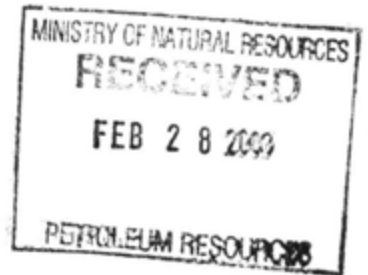
Description of fluid treatment prior to injection:

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				

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Name: Madeline Brett	Date: February 26/03
Signature: 	Position: President

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Address P.O. Box 20109, 431 Boler Road		
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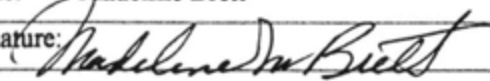
Well Name: Robert McMaster & Son - Gobles7	Source Pool: Gobles
Township: Burford	Source Formation:
Tract 3 Lot 19 Concession 1	Fluid Type:
Well Licence #: 1025	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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 26/03
Signature: 	Position: President



Annual Report of Monthly Injection for the year 2002



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Operator: Cameron Petroleum Inc.	Tel. # 657-9304	Fax # 657-3633
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London, Ontario N6K 4G6		

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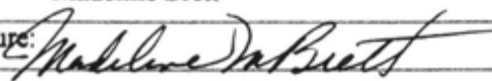
Well Name: McMaster #31 Gobles 20	Source Pool: Gobles
Township: Burford	Source Formation:
Tract 7 Lot 16 Concession 1	Fluid Type:
Well Licence #: 1287	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

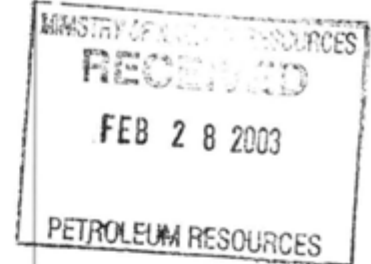
Description of fluid treatment prior to injection:

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				

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Name: Madeline Brett	Date: February 26/03
Signature: 	Position: President

Annual Report of Monthly Injection for the year 2002



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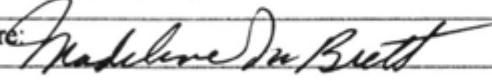
Well Name: Kewance Gobles 24	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 18 Concession 1	Fluid Type:
Well Licence #: 1492	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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				

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Name: Madeline Brett	Date: February 26/03
Signature: 	Position: President

Annual Report of Monthly Injection for the year 2002

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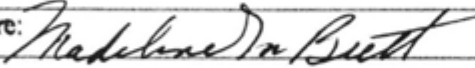
Well Name: Kewanee Gobles 41	Source Pool: Gobles Pool
Township: Blenheim	Source Formation:
Tract 7 Lot 16 Concession 1	Fluid Type:
Well Licence #: 1909	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

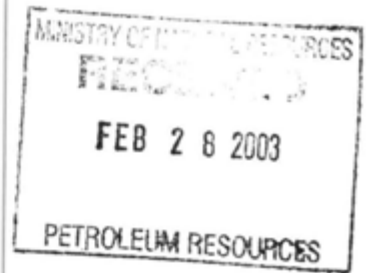
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec	▼	▼	▼	▼
Total				

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Name: Madeline Brett	Date: February 26/03
Signature: 	Position: President



Annual Report of Monthly Injection for the year 2002



Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc.	Tel. # 657-9304	Fax # 657-3633
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London, Ontario N6K 4G6		

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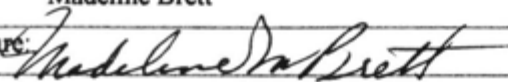
Well Name: Kewanee Gobles 42	Source Pool: Gobles
Township: Burford	Source Formation:
Tract Lot 18 Concession 2	Fluid Type:
Well Licence #: 1916	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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				

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 26/03
Signature: 	Position: President

Annual Report of Monthly Injection for the year 2002

MINISTRY OF NATURAL RESOURCES
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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.

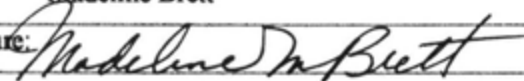
Well Name: Imperial Kewance Gobles 45	Source Pool: Gobles
Township: Burford	Source Formation:
Tract 3 Lot 7 Concession 1	Fluid Type:
Well Licence #: 1719	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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 26/03
Signature: 	Position: President



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

MINISTRY OF NATURAL RESOURCES
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 FEB 18 2003
 PETROLEUM RESOURCES

Operator Name: <i>CITARUS YAIRBITWIL OIL PROPERTIES LTD</i>	Well Permit No.:	Injection Permit No.:
Address: <i>P.O. BOX 10 PETROHIT, ONT N0N 1R0.</i>	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe) <i>SECONDARY RECOVERY</i>
	Location: <i>HAMPTON CUNNINGHAM 19 II</i> County Township Lot Conc.	Injection Formation <i>DUNDEE</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			Well Status (Active, Suspended, Other -explain)
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	
Jan.								
Feb.								
Mar.								
Apr.								
May								
June								
July								
Aug.								
Sept.								
Oct.								
Nov.								
Dec.				<i>3.5 x 10³ m³</i>				
TOTALS	<i>PRODUCED WATER</i>		<i>FILTRATION</i>	<i>3,500 m³</i>	<i>200-250 p.s.i.</i>	<i>9.5</i>	<i>365</i>	<i>Active</i>

DATE: *FEB 14 103*

SIGNATURE: *[Handwritten Signature]*



Ministry of Natural Resources
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2002

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit E - 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	

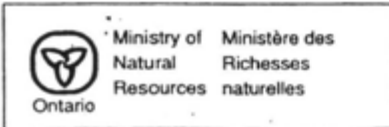
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

Month	Volume Injected (m 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: 14.Feb.03
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2002

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit E - 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	

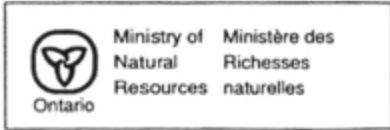
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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: 14.Feb.03
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2002

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To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit E - 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	

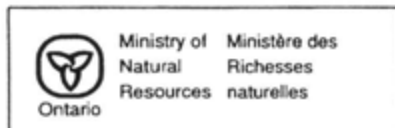
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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 Lowrie	Date: 14.Feb.03
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2002

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit E - 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*: Abandoned - 09.Aug.02	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: 14.Feb.03
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2002

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit E - 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*: Abandoned - 09.Aug.02	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: 14.Feb.03
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2002

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit E - 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	

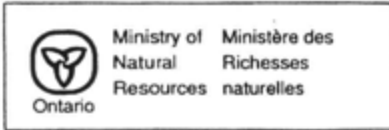
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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: 14.Feb.03
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2002

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit E - 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	

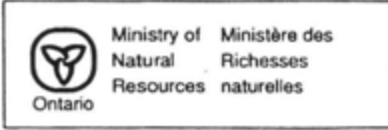
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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: 14.Feb.03
Signature:	Position Held: President



Oil, Gas and Salt Resources Act

Annual Report for Monthly Injection for the year 2002

Form 6

To the Minister of Natural Resources

Operator: Clearbeach Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit E - 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	

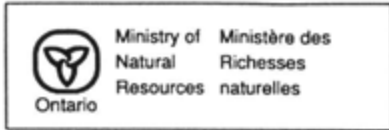
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

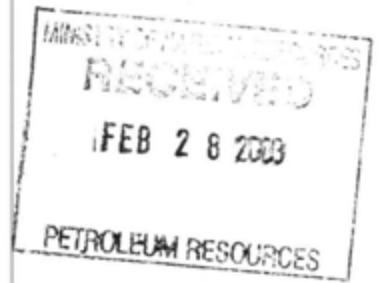
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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

Name: per: Jane Lowrie	Date: 14.Feb.03
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2002



Form 6

To the Minister of Natural Resources

Operator: Clearwood Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit E - 309 Commissioners Rd. W.		
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 619 - Warwick # 6	Source Pool:
Township: Warwick	Source Formation:
Tract: Lot: 13 Concession: 3 SER	Fluid Type:
Well Licence #: 10048	Injection Formation: Silurian
Well Status - Mode*: Suspended	Injection Pool: Warwick
Injection Permit #:	

* 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: 14.Feb.03
Signature:	Position Held: President



Annual Report of Monthly Injection for the year 2002

Form 6 To: the Minister of Natural Resources

Operator: Pintail Production Inc.	Tel. # 519-472-1542	Fax # 519-472-9434
Address: 22687 Jury Road, R.R. #3 Komoka, Ontario N0N 1R0		

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 etal Plympton 3-20-VI	Source Pool: Brine Ponds, Dow Chemical Canada
Township: Plympton	Source Formation: Salina B Salt
Tract 3 Lot 20 Concession VI	Fluid Type: Cavern-washing brine
Well Licence #: 5393	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool: Plympton 5-19-VI
Injection Permit #: 2001-1	

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

Description of fluid treatment prior to injection: addition of oxygen scavenger and scale inhibitor: filtration

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	1227.7	0	31	39.6
Feb	918.3	0	28	32.8
Mar	764.1	0	31	24.7
April	1040.5	0	30	34.7
May	1272.0	0	31	41.0
June	1095.5	0	30	36.5
July	1236.5	0	31	39.9
Aug	707.0	0	31	22.8
Sept	1166.6	0	30	38.9
Oct	1238.0	0	31	39.9
Nov	1203.4	0	30	40.1
Dec	1239.4	0	31	40.0
Total	13,109.0			

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

Name: Claudia Cochrane	Date: February 4, 2003
Signature: <i>Claudia Cochrane</i>	

CRL.03.WKGCPI6



Annual Report of Monthly Injection for the year 2002

Form 6 To: the Minister of Natural Resources

Operator: Roth & Roth Limited	Tel. # 519-472-1542	Fax # 519-472-9434
Address: 22687 Jury Road, R.R. #3 Komoka, Ontario N0N 1R0		

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: Roth & Roth 4 Johnson 1 Enn. 31-XIV	Source Pool: Brine Ponds, Dow Chemical Canada
Township: Enniskillen	Source Formation: Salina B Salt
Tract 4 Lot 31 Concession XIV	Fluid Type: Cavern-washing brine
Well Licence #: 8571	Injection Formation: Guelph
Well Status - Mode*: Active as of June 12, 2002	Injection Pool: Wanstead
Injection Permit #: 2001-2	

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

Description of fluid treatment prior to injection: Addition of corrosion and scaling inhibitor. Filtration

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	619.8	0	18	34.43
July	1589.2	0	31	51.26
Aug	1483.1	0	31	47.84
Sep	1375.9	0	30	45.86
Oct	1591.7	0	31	51.35
Nov	1380.2	0	30	46.01
Dec	1416.2	0	31	45.68
Total	9456.1			

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

Name: Claudia Cochrane	Date: February 4, 2003
Signature: <i>Claudia Cochrane</i>	

CRL.03 WKGCP16



Annual Report of Monthly **Injection**
For the year 2002

Form 6 To: the Minister of Natural Resources

Operator: Shiningbank Energy Limited	Tel. # 649-0511	Fax # 649-6667
Address: P. O. Box 9009, 1795 Ernest Ave London, Ontario, N6E 2V5		

Well Name: Rodney Unit 2	Source Pool:
Township: Aldborough	Source Formation: Glacial drift
Tract Lot Concession	Fluid Type: Fresh Water
Well Licence #	Injection Formation: Columbus
Well Status - Mode*:	Injection Pool: Rodney Unit 2
Injection Permit #:	

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

Description of fluid treatment prior to injection:
Water filtered before injection

Month	Volume Injected (m3)	Average Daily Injection Pressur kPag	Days on Injection	Injection Rate (m3/day)
Jan	10,454.0	138 to 3034	31	337.2
Feb	9,452.0	103 to 3037	28	337.6
Mar	8,033.0	172 to 3137	31	259.1
April	8,661.0	138 to 3034	30	288.7
May	9,356.0	200 to 3100	31	301.8
June	8,246.0	150 to 3100	30	274.9
July	8,213.0	120 to 3125	31	264.9
Aug	8,790.0	50 to 3100	31	283.5
Sept	10,760.0	150 to 3100	30	358.7
Oct	8,000.0	400 to 3010	31	258.1
Nov	7,902.0	250 to 3100	30	263.4
Dec	7,637.0	450 to 3075	31	246.4
Total	105,504.0			
Cum. Total**				

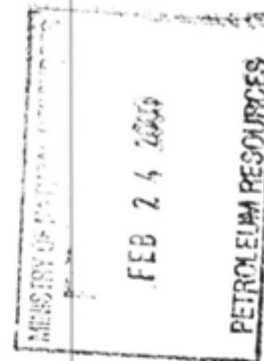
** Cumulative volume disposed since the well was first activated.

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

Name: Jim McIntosh	Date: 15-Feb-03
Signature:	Position Held: Manager, Ontario Operations



Oil, Gas and Salt Resources Act
Annual Report of Monthly **Injection**
For the year 2002



Form 6 To: the Minister of Natural Resources

Operator: Shiningbank Energy Limited	Tel. # 649-0511	Fax # 649-6667
Address: P. O. Box 9009, 1795 Ernest Ave London, Ontario, N6E 2V5		

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

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

Description of fluid treatment prior to injection:
Water is filtered

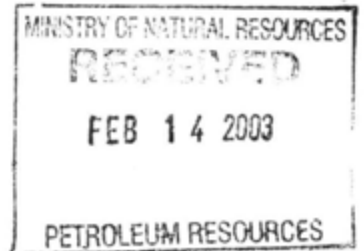
Month	Volume Injected (m3)	Average Daily Injection Pressure kPag	Days on Injection	Injection Rate (m3/day)
Jan	15,619.0	500 to 3200	31	503.8
Feb	13,753.0	500 to 3200	28	491.2
Mar	14,594.0	800 to 3100	31	470.8
April	14,530.0	500 to 3100	30	484.3
May	15,643.0	500 to 3000	31	504.6
June	15,151.0	500 to 3000	30	505.0
July	15,413.0	900 to 3100	31	497.2
Aug	15,383.0	300 to 3100	31	496.2
Sept	14,746.0	600 to 3000	30	491.5
Oct	16,050.0	500 to 3000	31	517.7
Nov	14,735.0	450 to 3050	30	491.2
Dec	16,918.0	500 to 3100	31	545.7
Total	182,535.0			

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

Name: Jim McIntosh	Date: 15-Feb-03
Signature:	Position Held: Manager, Ontario Operations



Annual Report of Monthly **Injection**
for the year 2002



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 #: 6935	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

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

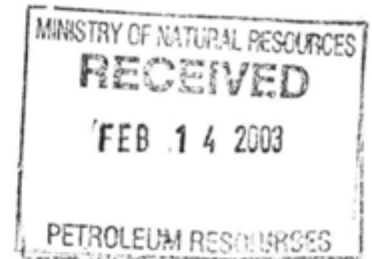
Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m ³ /day)
Jan	7653.2	3350	624	294.4
Feb	5488.5	2500	605	217.7
Mar	5442.0	2335	503	259.7
April	6290.0	2405	502	300.7
May	8183.0	2558	690	284.6
June	6889.0	2460	680	243.1
July	5627.0	2650	744	181.5
Aug	5328.0	1739	682	187.5
Sep	4935.0	2200	400	296.1
Oct	5318.0	2200	444	287.5
Nov	5224.0	2200	419	299.2
Dec	5140.0	2200	446	276.6
Total	71,517.7	28,797	6,739	3,128.6

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 10, 2003
Signature: <i>Heather Harker</i>	Position Held: Canadian Operation Accountant

Annual Report of Monthly Injection for the year 2002



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.

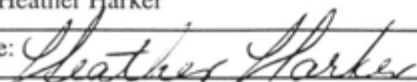
Well Name: Mersea 1-12-A	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 1 Lot 12 Concession A	Fluid Type: Oilfield Brine
Well Licence #: 6826	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40048 IP	

* 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	2481.0	2507	744	80.0
Feb	2549.0	2009	672	91.0
Mar	2370.0	1957	744	76.5
April	2480.0	2253	720	82.7
May	2387.0	2184	744	77.0
June	2163.0	2063	720	72.1
July	2619.0	2284	744	84.5
Aug	3576.0	2734	744	115.4
Sep	3446.0	2690	720	114.9
Oct	3504.0	2737	744	113.0
Nov	2525.0	2538	720	84.2
Dec	2281.0	2361	744	73.6
Total	32,381.0	28.317	8760	1064.9

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 10, 2003
Signature: 	Position Held: Canadian Operation Accountant

