



Annual Report of Monthly **Injection** for the year 2003 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

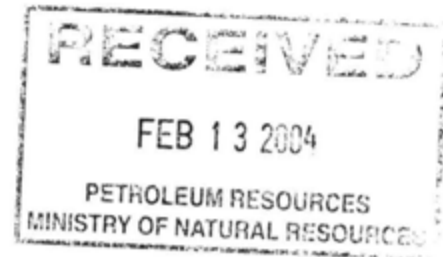
| |
|--|
| Description of fluid treatment prior to injection: |
| Settling in pond |

| 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> | |

Annual Report of Monthly Injection
 for the year 2003



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' |
| Tract Lot 18 Concession 2 | Fluid Type: Fresh Water |
| Well Licence #: see attached list | Injection Formation: Dundee |
| Well Status - Mode*: INJ-ACT | 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, 2004 |
| 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 |

RECEIVED

FEB 13 2004

PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES



Annual Report of Monthly **Injection** for the year 2003

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 | 2886.30 | 0 | 31 | 93.11 |
| Feb | 3315.94 | 0 | 28 | 118.43 |
| Mar | 4908.88 | 0 | 31 | 158.35 |
| April | 2703.75 | 0 | 30 | 90.13 |
| May | 2488.59 | 0 | 31 | 80.28 |
| June | 2199.19 | 0 | 30 | 73.31 |
| July | 2037.73 | 0 | 31 | 65.73 |
| Aug | 1701.83 | 0 | 31 | 54.90 |
| Sep | 2463.70 | 0 | 30 | 82.12 |
| Oct | 2387.64 | 0 | 31 | 77.02 |
| Nov | 2056.12 | 0 | 30 | 68.54 |
| Dec | 2522.80 | 0 | 31 | 81.38 |
| Total | 31,672.47 | | 365 | 86.77 |

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 9, 2004 |
| Signature: | Position: President |



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Form 6 To: the Minister of Natural Resources

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

This form only applies to fluid injection for secondary recovery.

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

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

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

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

| Month | Volume Injected (m 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 9, 2004 |
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| | |
|--|----------------------|
| 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 9, 2004 |
| Signature: | Position: President |



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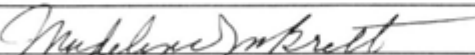
| | |
|--|----------------------|
| Well Name: Robert McMaster & Sons - Gobles 7 | Source Pool: Gobles |
| Township: Burford | Source Formation: |
| Tract 3 Lot 19 Concession 1 | Fluid Type: |
| Well Licence #: 1025 | Injection Formation: |
| Well Status - Mode*: Suspended | Injection Pool: |
| Injection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

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| Name: Madeline Brett | Date: February 9, 2004 |
| Signature:  | Position: President |

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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 9, 2004 |
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| Address P.O. Box 20109, 431 Boler Road | | |
| London, Ontario N6K 4G6 | | |

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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 | ↓ | ↓ | ↓ | ↓ |

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 9, 2004 |
| Signature:  | Position: President |

Annual Report of Monthly **Injection** for the year 2003

Form 6 To: the Minister of Natural Resources

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

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

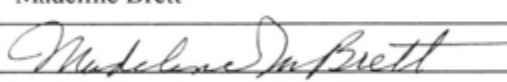
| | |
|--------------------------------|--------------------------|
| Well Name: Kewanee Gobles 41 | Source Pool: Gobles Pool |
| Township: Blenheim | Source Formation: |
| Tract 7 Lot 16 Concession 1 | Fluid Type: |
| Well Licence #: 1909 | Injection Formation: |
| Well Status - Mode*: Suspended | Injection 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 9, 2004 |
| Signature:  | Position: President |

Annual Report of Monthly **Injection** for the year 2003

Form 6 To: the Minister of Natural Resources

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

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

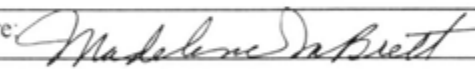
| | |
|--------------------------------|----------------------|
| Well Name: Kewanee Gobles 42 | Source Pool: Gobles |
| Township: Burford | Source Formation: |
| Tract Lot 18 Concession 2 | Fluid Type: |
| Well Licence #: 1916 | Injection Formation: |
| Well Status - Mode*: Suspended | Injection Pool: |
| 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 9, 2004 |
| Signature:  | Position: President |

Annual Report of Monthly **Injection** for the year 2003

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

This form only applies to fluid injection for secondary recovery.

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


| | |
|---------------------------------------|----------------------|
| Well Name: 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: |
| |
| |

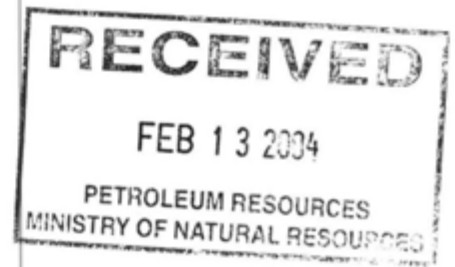
| Month | Volume Injected (m ³) | Average Daily Injection Pressure (kPag at wellhead) | Days on Injection | Injection Rate (m ³ /day) |
|-------|-----------------------------------|---|-------------------|--------------------------------------|
| Jan | NIL | NIL | NIL | NIL |
| Feb | | | | |
| Mar | | | | |
| 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 9, 2004 |
| Signature:  | Position: President |



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2003



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: | floculation, settling pond |
| | |
| | |

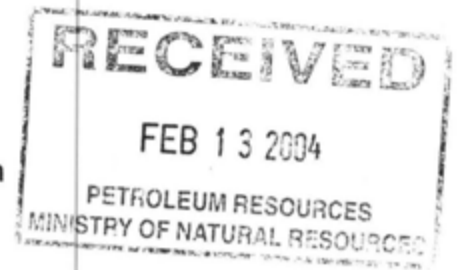
| Month | Volume Injected (m ³) | Average Daily Injection Pressure (kPag at wellhead) | Days on Injection | Injection Rate (m ³ /day) |
|-------|-----------------------------------|---|-------------------|--------------------------------------|
| Jan | 0 | 0 | 0 | 0 |
| Feb | 0 | 0 | 0 | 0 |
| Mar | 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: | 14.Feb.04 |
| Signature: | | Position Held: | President |



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2003



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*: Abandoned | 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 |
| | |

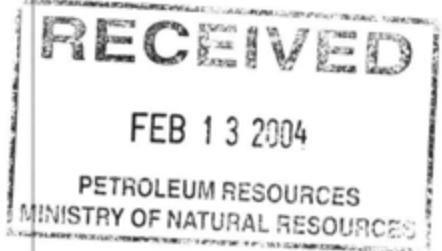
| Month | Volume Injected (m ³) | Average Daily Injection Pressure (kPag at wellhead) | Days on Injection | Injection Rate (m ³ /day) |
|-------|-----------------------------------|---|-------------------|--------------------------------------|
| Jan | 0 | 0 | 0 | 0 |
| Feb | 0 | 0 | 0 | 0 |
| Mar | 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.04 | |
| Signature: | Position Held: President | |



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2003



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 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*: Abandoned | 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 |
| |
| |

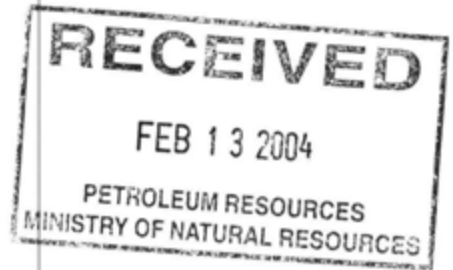
| Month | Volume Injected (m ³) | Average Daily Injection Pressure (kPag at wellhead) | Days on Injection | Injection Rate (m ³ /day) |
|-------|-----------------------------------|---|-------------------|--------------------------------------|
| Jan | 0 | 0 | 0 | 0 |
| Feb | 0 | 0 | 0 | 0 |
| Mar | 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.04 |
| 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*: Oil Producer | Injection Pool: West Becher Unit |
| Injection Permit #: Order in Council - 17.Apr.63 | |

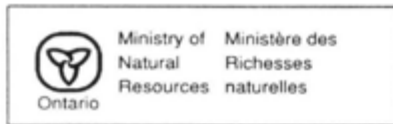
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

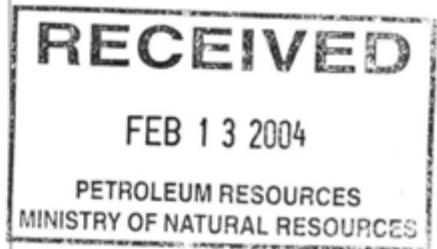
| Month | Volume Injected (m ³) | Average Daily Injection Pressure (kPag at wellhead) | Days on Injection | Injection Rate (m ³ /day) |
|-------|-----------------------------------|---|-------------------|--------------------------------------|
| Jan | 0 | 0 | 0 | 0 |
| Feb | 0 | 0 | 0 | 0 |
| Mar | 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.04 |
| Signature: | Position Held: President |



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2003



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*: Abandoned | 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 |
| |
| |

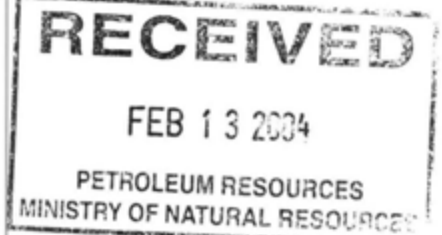
| Month | Volume Injected (m ³) | Average Daily Injection Pressure (kPag at wellhead) | Days on Injection | Injection Rate (m ³ /day) |
|-------|-----------------------------------|---|-------------------|--------------------------------------|
| Jan | 0 | 0 | 0 | 0 |
| Feb | 0 | 0 | 0 | 0 |
| Mar | 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.04 |
| Signature: | Position Held: President |



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2003



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*: Abandoned | 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 |
| |
| |

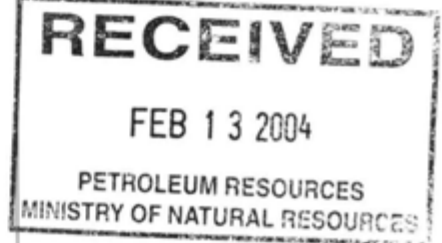
| Month | Volume Injected (m ³) | Average Daily Injection Pressure (kPag at wellhead) | Days on Injection | Injection Rate (m ³ /day) |
|-------|-----------------------------------|---|-------------------|--------------------------------------|
| Jan | 0 | 0 | 0 | 0 |
| Feb | 0 | 0 | 0 | 0 |
| Mar | 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.04 |
| Signature: | Position Held: President |



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2003



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.04 |
| Signature: | Position Held: President |



Oil, Gas and Salt Resources Act
Annual Report of Monthly **Injection**
For the year 2003

Form 6 To: the Minister of Natural Resources

| | | | |
|-----------|--|-----------------|----------------|
| Operator: | Greentree Gas & Oil Ltd. | Tel. # 681-9355 | Fax # 681-3887 |
| Address: | 552 Newbold Street London, ON N6E 2S5 | | |

| | | | | |
|----------------------|---------------|----------------------|---------------------|-------------|
| Well Name: | Rodney Unit 3 | Source Pool: | Basal | |
| Township: | Aldbrough | Source Formation: | Glacial Gravel/Sand | |
| Tract | Lot | Concession | Fluid Type: | Fresh Water |
| Well Licence # | | Injection Formation: | Dundee | |
| Well Status - Mode*: | | Injection Pool: | Rodney R & R Unit 3 | |
| Injection Permit #: | | | | |

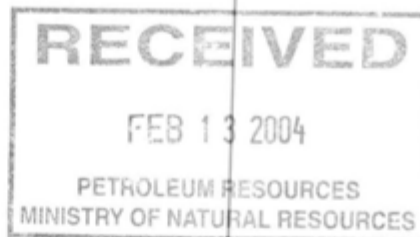
* As of Dec 31 - Active, suspended, abandoned, testing, potential

| |
|--|
| Description of fluid treatment prior to injection: |
| No Treatment |

| Month | Volume Injected (m3) | Average Daily Injection Pressure kPag | Days on Injection | Injection Rate (m3/day) |
|-------|----------------------|---------------------------------------|-------------------|-------------------------|
| Jan | 2,314.7 | 1,379 | 31 | 74.7 |
| Feb | 2,090.7 | 1,379 | 28 | 74.7 |
| Mar | 2,314.7 | 1,379 | 31 | 74.7 |
| April | 2,240.0 | 1,379 | 30 | 74.7 |
| May | 2,314.7 | 1,379 | 31 | 74.7 |
| June | 2,240.0 | 1,379 | 30 | 74.7 |
| July | 2,590.7 | 1,345 | 31 | 83.6 |
| Aug | 3,570.2 | 1,313 | 31 | 115.2 |
| Sept | 5,267.8 | 1,282 | 30 | 175.6 |
| Oct | 3,746.6 | 797 | 31 | 120.9 |
| Nov | 4,569.2 | 1,159 | 30 | 152.3 |
| Dec | 3,444.3 | 1,666 | 31 | 111.1 |
| Total | 36,703.4 | | | |

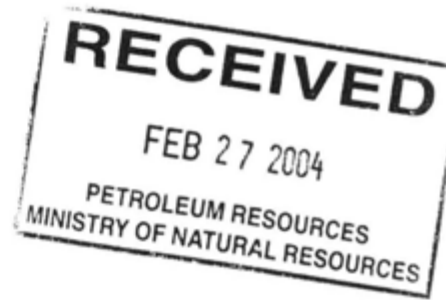
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

| | | | |
|------------|-----------------|----------------|-----------|
| Name: | Duncan Hamilton | Date: | 15-Feb-04 |
| Signature: | | Position Held: | President |





Annual Report of Monthly **Injection**
for the year 2003



Form 6 To: the Minister of Natural Resources

| | | |
|---|-----------------------|----------------------|
| Operator: Reef Resources Ltd. | Tel. # (403) 874-5505 | Fax # (403) 251-9553 |
| Address P.O. Box 20311 Calgary Place RPO, Calgary, Alberta T2P 4J4 | | |

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: Ausable No. 1 | Source Pool: Ausable |
| Township: Stephen | Source Formation: Guelph |
| Tract 4 Lot 11 Concession XXII | Injection Fluid Type: Gas |
| Well Licence #: T008842 | Injection Formation: Guelph |
| Well Status - Mode: Suspended Well | Injection Pool: Ausable |
| Injection Permit #: | |

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

| |
|---|
| Description of fluid treatment prior to injection: Pumping distillents into well to unblock formation. |
|---|

| Month | Volume Injected (m ³) | Average Daily Injection Pressure (kPag at wellhead) | Days on Injection |
|-------|-----------------------------------|---|-------------------|
| Jan | 0 | | |
| Feb | 0 | | |
| Mar | 0 | | |
| April | 0 | | |
| May | 4.8 - Petroleum Distillents | 6800 | 1 |
| June | 0 | | |
| July | 0 | | |
| Aug | 0 | | |
| Sep | 0 | | |
| Oct | 0 | | |
| Nov | 0 | | |
| Dec | 0 | | |
| Total | 4.8 | | |

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

| | |
|--------------------|-------------------------|
| Name: Arnie Hansen | Date: February 20, 2004 |
| Signature: | President |



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FEB 13 2004
 PETROLEUM RESOURCES
 MINISTRY OF NATURAL RESOURCES

Oil, Gas and Salt Resources Act
Annual Report of Monthly Injection
 For the year 2003

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 | 8,144.0 | 138 to 3034 | 31 | 262.7 |
| Feb | 7,371.0 | 103 to 3037 | 28 | 263.3 |
| Mar | 7,346.0 | 172 to 3137 | 31 | 237.0 |
| April | 7,398.0 | 138 to 3034 | 30 | 246.6 |
| May | 7,426.0 | 200 to 3100 | 31 | 239.5 |
| June | 7,542.0 | 150 to 3100 | 30 | 251.4 |
| July | 7,817.0 | 120 to 3125 | 31 | 252.2 |
| Aug | 7,127.0 | 50 to 3100 | 31 | 229.9 |
| Sept | 6,938.0 | 150 to 3100 | 30 | 231.3 |
| Oct | 7,762.1 | 400 to 3010 | 31 | 250.4 |
| Nov | 6,642.9 | 250 to 3100 | 30 | 221.4 |
| Dec | 7,072.0 | 450 to 3075 | 31 | 228.1 |
| Total | 88,586.0 | | | |
| Cum. Total** | | | | |

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

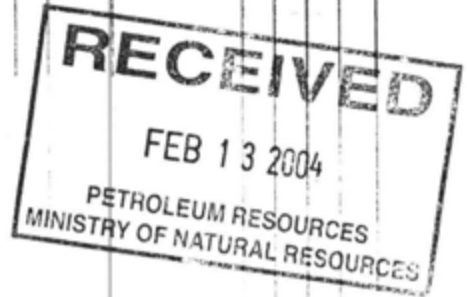
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

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



Ministry of Natural Resources
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act
Annual Report of Monthly Injection
For the year 2003



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

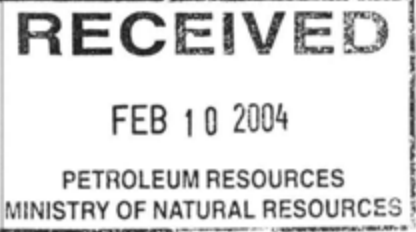
| |
|--|
| Description of fluid treatment prior to injection: |
| Water is filtered |

| Month | Volume Injected (m3) | Average Daily Injection Pressure kPag | Days on Injection | Injection Rate (m3/day) |
|-------|----------------------|---------------------------------------|-------------------|-------------------------|
| Jan | 17,061.0 | 500 to 3200 | 31 | 550.4 |
| Feb | 14,709.0 | 500 to 3200 | 28 | 525.3 |
| Mar | 15,121.0 | 800 to 3100 | 31 | 487.8 |
| April | 15,398.0 | 500 to 3100 | 30 | 513.3 |
| May | 16,449.0 | 500 to 3000 | 31 | 530.6 |
| June | 14,479.0 | 500 to 3000 | 30 | 482.6 |
| July | 14,761.0 | 900 to 3100 | 31 | 476.2 |
| Aug | 15,264.0 | 300 to 3100 | 31 | 492.4 |
| Sept | 15,146.0 | 600 to 3000 | 30 | 504.9 |
| Oct | 16,135.0 | 500 to 3000 | 31 | 520.5 |
| Nov | 13,257.1 | 450 to 3050 | 30 | 441.9 |
| Dec | 17,667.9 | 500 to 3100 | 31 | 569.9 |
| Total | 185,448.0 | | | |

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 2003



Form 6 To: the Minister of Natural Resources

| | | |
|--|-----------------------|----------------------|
| Operator: Talisman Energy | Tel. # (403) 693-2400 | 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.

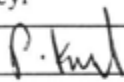
| | |
|---------------------------------|--|
| Well Name: Mersea 6-23-VII | Source Pool: |
| Township: Mersea | Source Formation: Ordovician |
| Tract 6 Lot 23 Concession VII | Fluid Type: Oilfield Brine |
| Well Licence #: 6935 | Injection Formation: Trenton / Kirkfield |
| Well Status - Mode*: Active | Injection Pool: |
| Injection Permit #: TA 40049 IP | |

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

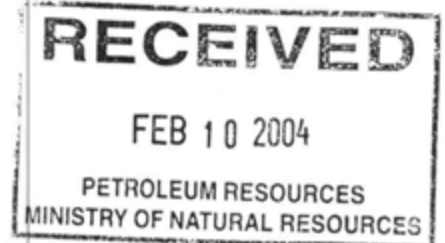
| |
|--|
| Description of fluid treatment prior to injection: |
| |
| |

| Month | Volume Injected (m ³) | Average Daily Injection Pressure (kPag at wellhead) | Hours on Injection | Injection Rate (m ³ /day) |
|--------------|-----------------------------------|---|--------------------|--------------------------------------|
| Jan | 5928.0 | 2200 | 482 | 295.2 |
| Feb | 5439.0 | 2200 | 440 | 296.7 |
| Mar | 6310.0 | 2200 | 646 | 240.4 |
| April | 6990.0 | 2775 | 599 | 280.1 |
| May | 7933.0 | 2914 | 668 | 285.0 |
| June | 6825.0 | 2725 | 569 | 287.9 |
| July | 6879.0 | 2319 | 571 | 289.1 |
| Aug | 7629.0 | 2165 | 638 | 287.0 |
| Sep | 7352.0 | 2269 | 599 | 294.6 |
| Oct | 7172.0 | 2151 | 612 | 281.3 |
| Nov | 6917.0 | 2336 | 572 | 290.2 |
| Dec | 6955.0 | 2306 | 586 | 284.8 |
| Total | 82,329.0 | 28,560 | 6,982 | 3,412.3 |

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

| | |
|--|--|
| Name: Paul Korcyl | Date: February 10, 2004 |
| Signature:  | Position Held: Canadian Operation Accountant |

Annual Report of Monthly Injection for the year 2003



Form 6 To: the Minister of Natural Resources

| | | |
|--|-----------------------|----------------------|
| Operator: Talisman Energy | Tel. # (403) 693-2400 | 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.

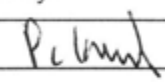
| | |
|---------------------------------|--|
| Well Name: Mersea 1-12-A | Source Pool: |
| Township: Mersea | Source Formation: Ordovician |
| Tract 1 Lot 12 Concession A | Fluid Type: Oilfield Brine |
| Well Licence #: 6826 | Injection Formation: Trenton / Kirkfield |
| Well Status - Mode*: Active |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

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

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

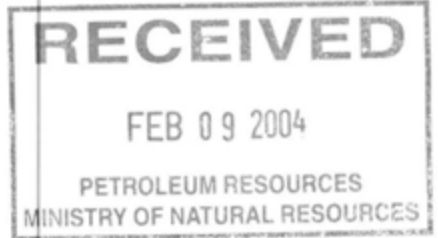
| Month | Volume Injected (m ³) | Average Daily Injection Pressure (kPag at wellhead) | Hours on Injection | Injection Rate (m ³ /day) |
|--------------|-----------------------------------|---|--------------------|--------------------------------------|
| Jan | 2068.0 | 2350 | 744 | 66.7 |
| Feb | 1759.0 | 2350 | 672 | 62.8 |
| Mar | 1845.0 | 2350 | 744 | 59.5 |
| April | 2072.0 | 2088 | 720 | 69.1 |
| May | 1887.0 | 2300 | 744 | 60.9 |
| June | 1993.0 | 2223 | 696 | 68.7 |
| July | 1866.0 | 2286 | 744 | 60.2 |
| Aug | 1957.0 | 2150 | 744 | 63.1 |
| Sep | 2122.0 | 2150 | 720 | 70.7 |
| Oct | 2235.0 | 2150 | 744 | 72.1 |
| Nov | 2010.0 | 2150 | 720 | 67.0 |
| Dec | 1980.0 | 2224 | 720 | 66.0 |
| Total | 23,794.0 | 26,771 | 8,712 | 786.8 |

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

| | |
|--|--|
| Name: Paul Korcyl | Date: February 10, 2003 |
| Signature:  | Position Held: Canadian Operation Accountant |



Annual Report of Monthly Injection
for the year 2003



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 | 1238.7 | 0 | 31 | 39.96 |
| Feb | 1096.0 | 0 | 28 | 39.14 |
| Mar | 921.3 | 0 | 31 | 29.72 |
| April | 1062.8 | 0 | 30 | 35.43 |
| May | 1199.7 | 0 | 31 | 38.70 |
| June | 1193.9 | 0 | 30 | 39.80 |
| July | 1231.4 | 0 | 31 | 39.72 |
| Aug | 984.9 | 0 | 31 | 31.77 |
| Sept | 528.0 | 0 | 30 | 17.60 |
| Oct | 1339.0 | 0 | 31 | 43.19 |
| Nov | 1233.3 | 0 | 30 | 41.11 |
| Dec | 1520.4 | 0 | 31 | 49.05 |
| Total | 13,549.4 | | | |

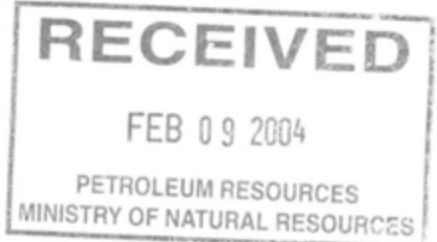
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

| | |
|-----------------------------------|------------------------|
| Name: Claudia Cochran | Date: February 4, 2004 |
| Signature: <i>Claudia Cochran</i> | |

CRL 04 WKGCP17



Annual Report of Monthly Injection for the year 2003



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 | 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 |
|--|

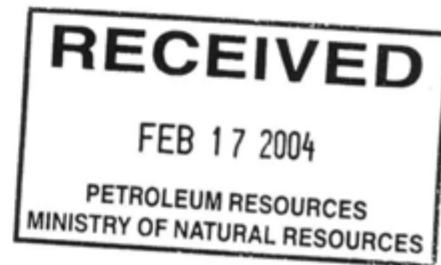
| Month | Volume Injected (m ³) | Average Daily Injection Pressure (kPag at wellhead) | Days on Injection | Injection Rate (m ³ /day) |
|-------|-----------------------------------|---|-------------------|--------------------------------------|
| Jan | 1416.1 | 0 | 31 | 45.68 |
| Feb | 1345.4 | 0 | 28 | 48.05 |
| Mar | 0 | 0 | 31 | 0 |
| April | 0 | 0 | 30 | 0 |
| May | 1233.0 | 0 | 31 | 39.77 |
| June | 1511.7 | 0 | 30 | 50.39 |
| July | 1476.6 | 0 | 31 | 47.63 |
| Aug | 1337.9 | 0 | 31 | 43.16 |
| Sep | 1123.9 | 0 | 30 | 37.46 |
| Oct | 1374.4 | 0 | 31 | 44.34 |
| Nov | 1128.3 | 0 | 30 | 37.61 |
| Dec | 1414.8 | 0 | 31 | 45.64 |
| Total | 13,362.1 | | | |

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, 2004 |
| Signature: <i>Claudia Cochrane</i> | |



Annual Report of Monthly **Injection** for the year 2003



Form 6 To: the Minister of Natural Resources

| | | |
|--------------------------------------|-----------------------|----------------------|
| Operator: Torque Energy Inc. | Tel. # (519) 433-7710 | Fax # (519) 433-7588 |
| Address: 200 Queens Ave. , Suite 200 | | |
| London, On. N6A 1J3 | | |

This form only applies to fluid injection for secondary recovery.

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

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

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

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

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

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

| | |
|-----------------------|--------------------------------|
| Name: John K. Thomson | Date: February 15, 2004 |
| Signature: | Position Held: General Manager |

