

Annual Report of Monthly **Injection** for the year <u>2003 amended</u>

Form 6 10: the Minister of Natural Resource	es	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: Donna Barnes



Annual Report of Monthly Injection

for the year 2003



FEB 1 3 2004

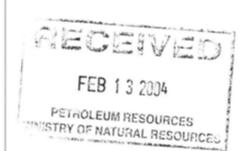
PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

Form 6					
	perator: Lonnie Barnes			Fax # 519-834-2155	
	Address Box 242, 2581 Duryee St.				
Oil Spring	s, ON N0N 1P0				
	only applies to fluid injection on wells must be reported and a			ed. If space is ins	ufficient attach additional forms.
Well Nam	e: Barnes FW#1-18	THE RESERVE THE PROPERTY OF THE PARTY OF THE	Source	Pool:	
Township: Enniskillen		Source	Formation: 248'		
Tract	Lot 18 Concession	1 2	Fluid 7	Type: Fresh Water	
Well Licer	nce #: see attached list		Injection Formation: Dundee		
Well Statu	s - Mode*: INJ-ACT		Injection	on Pool:	
Injection P	Permit #: N/A				
* As of De	ec. 31 - Active, suspended, aban	doned, testing, po	tential		
Description	n of fluid treatment prior to inje	ection:			
Pond Settl	ing				
, , , , , , , , , , , , , , , , , , , ,			4		
Month	Volume Injected (m ³)	Average Daily		Days on	Injection Rate
		Injection Pressur		Injection	(m³/day)
Jan	1410.50	(kPag at wellhea 2756.92 kPag	ia)	31	45.5
Feb	1274.00	(400 PSI)		28	1
Mar	1410.50	(400 1 51)		31	<u> </u>
April	1365.00			30	<u> </u>
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 RESERVE TO SERVE THE PARTY OF THE PARTY				
	igned certifies that the above inform	mation is complete a			uthority to bind the operator.
Name: Do	onna Barnes		Date:	January 20, 2004	
Signature:	Donne Barnes				

	s**,

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



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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 #	657-36

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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	2886.30	(Krag at weilieau)	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: Madeline he Brett	Position: President





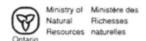
Form 6

Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

Annual Report of Monthly **Injection** for the year <u>2003</u>

Operator:	Cameron Petroleum Inc.		Tel.	# 657-9	9304	Fax	(#	657-3633	
Address	P.O. Box 20109, 431 Boler I	Road							
	London, Ontario N6K 4G6	,							
	only applies to fluid injection								,
	on wells must be reported and a	The second live with the latest live with live with the latest live with live with the latest live with live	must b	e report	ed. If sp	ace is insu	ıffi	cient attach	additional forms.
	e: Robert McMaster & Sons - 0	Gobles 2		Source		Goble	S		
Township:					Formati	on:			
Tract	Lot 19 Concession	1		Fluid T					
Well Licer					on Forma	ition:			
	s - Mode*: Suspended			Injectio	on Pool:				
Injection P	Permit #:								
* As of De	c. 31 - Active, suspended, aban	doned, testi	ng, po	tential					
Description	n of fluid treatment prior to inju	ection:							
							_		
							-	-	
Month	Volume Injected (m ³)	Average D	Daily		Days or	1	In	jection Rate	
	()	Injection I		re	Injectio			n ³ /day)	
		(kPag at w	vellhea	id)					
Jan	NIL	1	ΝÏL		N	IL		1	VIL.
Feb									
Mar									
April									
May									
June									
July									
Aug									
Sep									
Oct									
Nov			_						
Dec			\top						
Total	*		*		,	,		,	
	gned certifies that the above inform	nation is com	iplete a				the	rity to bind t	he operator.
Name:	Madeline Brett			Date:		y 9, 2004			
Signature:	Madeline Tabret	t		Positio	n: Pre	sident			



Annual Report of Monthly **Injection** for the year ____2003_

Form 6	To: the Mi	inister of Nat	ural Resourc	ces						
Operator:				Tel.	# 657-	9304	Fa	x #	657-3633	
Address	P.O. Box 2010	9, 431 Boler	Road							
	London, Ontar	rio N6K 4G	6							
	n only applies to fl									
THE RESERVE AND ADDRESS OF THE PARTY OF THE	ion wells must be r		THE RESERVE THE PARTY NAMED IN	must b				=	ient attach	additional forms.
	ne: Robert McMa	ister & Sons	- Gobles 4		Source		Gobles			
Township						Formati	on:	_		
Tract	Lot 22	Concession	1		Fluid			_		
Well Lice						on Forma	tion:	_		
		Suspended			Injecti	on Pool:		_		
Injection										
* As of D	ec. 31 - Active, sus	spended, abar	ndoned, testi	ng, po	tential					
Description	on of fluid treatmer	nt prior to inj	ection:							
Month	Volume Injected	l (m ³)	Average I	Daily		Days or	1	Inj	ection Rate	:
			Injection l			Injectio	n	(m	³ /day)	
			(kPag at v		id)					***
Jan	NIL			NIL		N	IL			VIL
Feb				_						
Mar										
April										
May										
June										
July										
Aug										
Sep										
Oct										
Nov										
Dec										
Total	+			*		,	7		,	•
The under	signed certifies that t	he above infor	mation is com	inlete s	and accur	ate and he	/she has a	ithor	ity to bind t	he operator
Name:	Madeline Brett	no doore milot		protect	Date:		y 9, 2004		to oma t	operator:
Signature	: Madeline	Impres	et		Positio	n: Pres	sident			
	-	1 6 1								



Annual Report of Monthly **Injection** for the year <u>2003</u>

Form 6	10: the Minister of Natu	irai Resources					
Operator:	Cameron Petroleum Inc.	Te	1. # 657-	304	Fax #	657-3633	
Address	P.O. Box 20109, 431 Boler I	Road					
	London, Ontario N6K 4G6						
	only applies to fluid injection						,
All injection	on wells must be reported and a	Il injection mus	t be report	ed. If space i	s insuffic	ient attach ac	lditional forms.
	e: Robert McMaster & Sons - C	Gobles 7	Source		obles		
Township:				Formation:			
Tract 3	Dot 17 Concession	1	Fluid				
Well Licer			-	on Formation	:		
Well Statu	s - Mode*: Suspended		Injecti	on Pool:			
Injection P	ermit #:						
* As of De	c. 31 - Active, suspended, aban	doned, testing,	potential				
Description	n of fluid treatment prior to inje	ection:					
	1				-		
Month	Volume Injected (m ³)	Average Daily		Days on		ection Rate	- 1
		Injection Pres (kPag at wellh		Injection	(m	³/day)	- 1
Jan	NIL	NIL	icau)	NIL	_	NI	1.
Feb		- T		- 170	_		
Mar					_		
April		-			_		
May		-			-		
June					_		
July		-			_		
· ·		-				-	
Aug					_		
Sep							
Oct		-			-		
Nov					_		
Dec					_		
Total	*	*					7
The underei	gned certifies that the above inform	nation is complet	e and accur	ate and ha/sha	has author	nity to bind the	operator
Name:	Madeline Brett	nation is complet	Date:	February 9,		inty to omit the	operator.
Signature:	77	1	Positio				
3.8	Mudeline more	10					





Annual Report of Monthly **Injection** for the year ____2003_

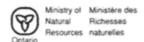
	Tel. # 657-9	9304 Fa	ax#	657-3633
Address P.O. Box 20109, 431 Boler Road				
London, Ontario N6K 4G6				
This form only applies to fluid injection for secondary				
All injection wells must be reported and all injection m	STREET, SQUARE SPECIAL PROPERTY.	AND RESIDENCE OF THE PARTY OF T	_	ent attach additional forms
Well Name: McMaster #31 Gobles 20	Source		oles	
Township: Burford		Formation:		
Tract 7 Lot 16 Concession 1	Fluid 7			
Well Licence #: 1287		on Formation:		
Well Status - Mode*: Suspended	Injection	on Pool:		
Injection Permit #:				
* As of Dec. 31 - Active, suspended, abandoned, testing	g, potential			
Description of fluid treatment prior to injection:				
Description of fluid treatment prior to injection.			_	
Month Volume Injected (m³) Average Da	nily	Days on	Inje	ection Rate
Injection Pr		Injection	(m ³	/day)
(kPag at we			\perp	
Jan NIL NI	IL.	NIL	\perp	ŅIL
Feb			\vdash	
Mar			\perp	
April			\sqcup	
May			\sqcup	
June			\sqcup	
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total	*	•		*
The undersigned certifies that the above information is complete.				ty to bind the operator.
Name: Madeline Brett	Date:	February 9, 2	004	
Signature: Madeline In Brett	Positio	n: President		



Annual Report of Monthly **Injection** for the year _____2003_

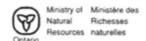
	TO: THE PRINCES	of Natural Resou			THE RESERVE OF THE PERSON NAMED IN			
Operator:			Tel. #	657-930	4	Fax #	657-3633	
Address	P.O. Box 20109, 431	Boler Road						
	London, Ontario No	K 4G6						
	n only applies to fluid inj							
THE RESERVE THE PERSON NAMED IN	ion wells must be reported	Control of the last of the las	n must be				ent attach	additional form
Well Nan		3 24		Source Po		Gobles		
Township				Source Fo				
Tract		cession 1		Fluid Typ				
Well Lice					Formation:			
	us - Mode*: Suspended	l		Injection I	Pool:			
Injection								
* As of D	ec. 31 - Active, suspende	d, abandoned, tes	ting, pot	ential				
			-			-	-	
Description	on of fluid treatment prior	to injection:						
						-	-	
Month	Volume Injected (m³)	Average			ays on		ection Rat	e
Month	Volume Injected (m³)	Injection	Pressur	e In	ays on jection		ection Rat ⁵ /day)	e
			Pressur wellhea	e In	jection		³/day)	
Jan	Volume Injected (m³) NIL	Injection	Pressur	e In			³/day)	NIL
Jan Feb		Injection	Pressur wellhea	e In	jection		³/day)	
Jan Feb Mar		Injection	Pressur wellhea	e In	jection		³/day)	
Jan Feb Mar April		Injection	Pressur wellhea	e In	jection		³/day)	
Jan Feb Mar April May		Injection	Pressur wellhea	e In	jection		³/day)	
Jan Feb Mar April May June		Injection	Pressur wellhea	e In	jection		³/day)	
Jan Feb Mar April May June July		Injection	Pressur wellhea	e In	jection		³/day)	
Jan Feb Mar April May June July Aug		Injection	Pressur wellhea	e In	jection		³/day)	
Jan Feb Mar April May June July Aug Sep		Injection	Pressur wellhea	e In	jection		³/day)	
Jan Feb Mar April May June July Aug Sep Oct		Injection	Pressur wellhea	e In	jection		³/day)	
Jan Feb Mar April May June July Aug Sep Oct Nov		Injection	Pressur wellhea	e In	jection		³/day)	
Jan Feb Mar April May June July Aug Sep Oct		Injection	Pressur wellhea	e In	jection		³/day)	





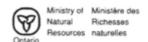
Annual Report of Monthly **Injection** for the year _____2003_

Operator:		THE RESERVE AND ADDRESS OF THE PARTY OF THE	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN	Contract of the last of the la		The State of the S	THE RESERVE AND ADDRESS OF THE PARTY OF THE	
_				Tel. # 65	7-9304	Fax #	657-3633	
Address	P.O. Box 201	09, 431 Bole	er Road					
	London, Ont	ario N6K 4	G6					
	only applies to							
THE RESERVE AND ADDRESS OF THE PARTY NAMED IN	ion wells must be	THE RESERVE AND PARTY AND PERSONS ASSESSMENT	d all injection	NAME AND ADDRESS OF TAXABLE PARTY.	CONTRACTOR OF THE PARTY OF THE			additional forms
Well Nan		iobles 41				oles Pool	1	
Township		-			ce Formation:		-	
111101	7 Lot 16	Concessi	ion 1		d Type:		-	
Well Lice					ction Formation:			
		Suspended		Injec	ction Pool:		-	
Injection								
* As of D	ec. 31 - Active, s	uspended, ab	andoned, test	ting, potentia	1			
December	on of Quid toonton	ant major to i	nications				-	
Description	on of fluid treatm	ent prior to i	njection:				-	
							_	
14 1	Volume Inject	ed (m ³)	Average	Daily	Days on	In	ection Rat	e
Month		cu (III)	Literation	Duny	Dayson		1	
Month	l comme angest	, ,		Pressure	Injection	(n	ıf/dav)	
Month			Injection	Pressure wellhead)	Injection	(n	³ /day)	
Jan	N		Injection		Injection	(n	if/day)	ŅIL
			Injection	wellhead)		(n	n²/day)	NIL
Jan			Injection	wellhead)		(n	i [*] /day)	NIL
Jan Feb			Injection	wellhead)		(n	i [†] /day)	NIL
Jan Feb Mar			Injection	wellhead)		(n	i [†] /day)	NIL
Jan Feb Mar April			Injection	wellhead)		(n	i [†] /day)	NIL
Jan Feb Mar April May			Injection	wellhead)		(n	i [†] /day)	NIL
Jan Feb Mar April May June			Injection	wellhead)		(n	i [†] /day)	NIL
Jan Feb Mar April May June July Aug			Injection	wellhead)		(n	i [†] /day)	NIL .
Jan Feb Mar April May June July			Injection	wellhead)		(n	i [†] /day)	NIL
Jan Feb Mar April May June July Aug Sep			Injection	wellhead)		(n	i [†] /day)	NIL
Jan Feb Mar April May June July Aug Sep Oct Nov			Injection	wellhead)		(n	i [†] /day)	NIL
Jan Feb Mar April May June July Aug Sep Oct			Injection	wellhead)		(n	i [†] /day)	NIL



Annual Report of Monthly **Injection** for the year ____2003_

	ro. the r		ural Resourc					_		
Operator:	Cameron Petr			Tel.	# 657-9	304	Fax	#	657-3633	
Address		09, 431 Boler								
	London, Onta	ario N6K 4G	6							
This form	only applies to j	fluid injection	for seconda	ry rec	overy.					
THE RESERVE TO SERVE THE PARTY OF THE PARTY	ion wells must be	A REST OF STREET, STRE	all injection	must b				fic	ient attach	additional fori
Well Nan		obles 42			Source		Gobles	-		
Township			2			Formatio	n:	-		
Tract	Lot 18	Concession	n 2		Fluid T			-		
Well Lice		C1-1				n Format	ion:	-		
	us - Mode*:	Suspended			Injectio	n Pool:		-		
Injection	MATERIAL SPECIAL PROPERTY OF THE PERSON NAMED IN COLUMN TO							_		
* As of D	ec. 31 - Active, si	uspended, abai	ndoned, testi	ng, po	tential					
Description	on of fluid treatm	ent prior to inj	ection:							
		•								
			THE RESERVE AND THE PERSON NAMED IN COLUMN 2 IN COLUMN							
Month	Volume Injecte	ed (m³)	Average D			Days on			ection Rat	e
Month	Volume Injecte	ed (m³)	Injection I	ressur		Days on Injection			day)	e
			Injection I (kPag at w	Pressur vellhea		Injection			³/day)	
Jan	Volume Injecte		Injection I (kPag at w	ressur					³/day)	NIL
Jan Feb			Injection I (kPag at w	Pressur vellhea		Injection			³/day)	
Jan Feb Mar			Injection I (kPag at w	Pressur vellhea		Injection			³/day)	
Jan Feb Mar April			Injection I (kPag at w	Pressur vellhea		Injection			³/day)	
Jan Feb Mar April May			Injection I (kPag at w	Pressur vellhea		Injection			³/day)	
Jan Feb Mar April May June			Injection I (kPag at w	Pressur vellhea		Injection			³/day)	
Jan Feb Mar April May June			Injection I (kPag at w	Pressur vellhea		Injection			³/day)	
Jan Feb Mar April May June July Aug			Injection I (kPag at w	Pressur vellhea		Injection			³/day)	
Jan Feb Mar April May June July Aug Sep			Injection I (kPag at w	Pressur vellhea		Injection			³/day)	
Jan Feb Mar April May June July Aug Sep Oct			Injection I (kPag at w	Pressur vellhea		Injection			³/day)	
Jan Feb Mar April May June July Aug Sep Oct Nov			Injection I (kPag at w	Pressur vellhea		Injection			³/day)	
Jan Feb Mar April May June July Aug Sep Oct			Injection I (kPag at w	Pressur vellhea		Injection			³/day)	



Annual Report of Monthly **Injection** for the year <u>2003</u>

Form 6	To: the Minister of N	atural Resources					
Operator:							
Address	P.O. Box 20109, 431 Bole						
	London, Ontario N6K 4	G6					
	only applies to fluid injection						
,	on wells must be reported and			AND DESCRIPTION OF THE PERSON OF	is insuffic	ent attach	additional forms.
	Well Name: Imperial Kewanee Gobles 45 Source Pool: Gobles						
Township:				Formation:			
Tract 3	Lot 7 Concessi	on 1	Fluid '				
Well Licer				on Formatio	n:		
	s - Mode*: Suspended		Injecti	on Pool:			
Injection P	A STATE OF THE PARTY OF THE PAR						
* As of De	ec. 31 - Active, suspended, ab	andoned, testing,	potential				
Descriptio	n of fluid treatment prior to i	njection:			NATIONAL PROPERTY AND ADDRESS OF THE PARTY AND		
					-		
Month	Volume Injected (m ³)	Average Daily		Days on		ection Rate	
		Injection Pres		Injection	(m.	/day)	- 1
Jan	NIL	(kPag at welll NIL	nead)	NJL	_	N	NIL
Feb	1110	 		1	_		
Mar					_		
April					_		
May					_		
June							
July					_		
Aug							
Sep					_		
Oct					_		
Nov							
Dec							
Total							
Total							
The undersi	igned certifies that the above inf	ormation is complet	te and accur	rate and he/sh	e has author	ity to bind th	ne operator.
Name:	Madeline Brett		Date:	February 9			
Signature:	Madeline In	Butt	Positio	n: Preside	ent		
	, , , , , , , , , , , , , , , , , , , ,						



Name:

Signature:

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

RECEIVED

FEB 1 3 2004

PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

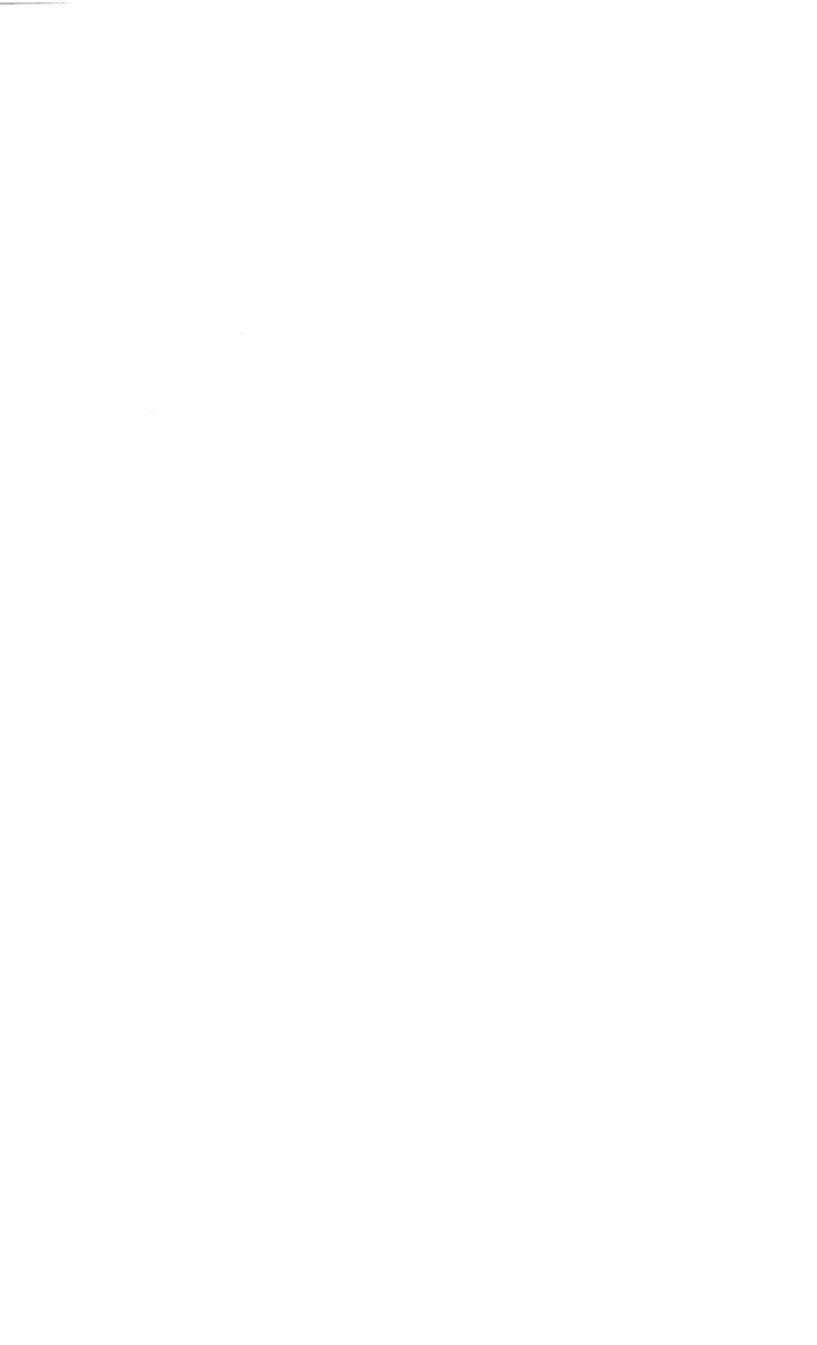
		for the	year 2	2003	MINISTRY OF NATURAL RESOURCE	
Form 6		To the Minis	ster of Na	tural Resources		
Operator:	Clearwood Resourc	es Inc.	Tel.#	(519) 657 - 2151	Fax # (519) 657 - 4296	
Address:	Unit E - 309 Commissioner	s Rd. W.				
	London, Ontario, N6J 1Y4					
This for	rm only applies to fluid injection for	secondary recovery	у.			
All injec	tion wells must be reported and all inje	ection must be reporte	ed. If spa	ace is insufficient attach add	ditional forms.	
Well Nam	e: Imperial 619 - War	wick # 6	Source	Pool:		
Township	: Warwick	Imperial 619 - Warwick # 6 Warwick 13 Concession: 3 SER 10048 Suspended e, suspended, abandoned, testing, potential		e Formation:		
Tract:	Lot: 13 Conce	10048 I Suspended I		ype:		
Well Licer	nce #: 10048	Concession: 3 SER 10048 1 Suspended 1 abandoned, testing, potential r to injection: floculat		on Formation:	Silurian	
Well Statu	us - Mode*: Suspe			on Pool:	Warwick	
Injection F	Permit #:					
* As of [Dec. 31 - Active, suspended, abandon	ed, testing, potential				
Description	on of fluid treatment prior to inje	ction: flocula	tion, se	ettling pond		
		Average Da		Dava on	Injection Rate	
Month	Volume Injected (m³)	Injection Press (kPag at wellh		Days on Injection	(m³/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 unc	dersigned certifies that the above inform	mation is complete ar	nd accura	ate and he/she has the auth	ority to bind the operator.	

Date:

Position Held:

14.Feb.04

President





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

FEB 1 3 2004

PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

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 Na	me:		Imper	ial Becher 77		Source Pool:	Syde	nham River & Production
Townsh	ip:			Sombra		Source Formation:		Salina - A 1 Unit
Tract:	6	Lot:	9	Concession:	5	Fluid Type:	F	resh & Salt Water
Well Lic	ence #	t:		945		Injection Formation:		A 1 Salina - Silurian
Well Sta	itus - N	Node*:		Abandoned		Injection Pool:		West Becher Unit
Injection Permit #: Ord		Order i	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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/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



FEB 1 3 2004

PETROLEUM RESOURCES

		ioi tile	year z	2003	MINISTRY OF NATURAL RESOURCE	
Form 6		To the Minis	ster of Na	itural Resources	A STATE OF THE STA	
Operator:	Clearbeach Resource	ces Inc.	Tel.#	(519) 657 - 2151	Fax # (519) 657 - 4296	
Address:	Unit E - 309 Commissione	rs Road West,				
	London, Ontario, N6J 1Y4					
This for	m only applies to fluid injection for	secondary recover	у.			
All inject	tion wells must be reported and all inju	ection must be reporte	ed. If spa	ace is insufficient attach ac	dditional forms.	
Well Name	e: Imperial Becher 76 I.W.(85	53)H. Johnston 1	Source	Pool: Syd	enham River & Production	
Township:	Sombra		Source	e Formation:	Salina - A 1 Unit	
Tract:	6 Lot: 9 Conce	ession: 5	Fluid T	уре:	Fresh & Salt Water	
Well Licen	nce #: 1637		Injectio	on Formation:	A 1 Salina - Silurian	
Well Statu	s - Mode*: Aban	doned	Injectio	on Pool:	West Becher Unit	
Injection P	Permit #: Order in Counc	il - 17.Apr.63				
* As of D	Dec. 31 - Active, suspended, abandon	ed, testing, potential				
Descriptio	n of fluid treatment prior to inje	ection: chlorin	e, bioc	idem corrosion inhibit	or, coagulant, filtered	
		Average Da	-		Injection Rate	
Month	Volume Injected (m³)	Injection Press (kPag at wellh		Days on Injection	(m³/day)	
Jan	0	0	oud)	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	0	
The und	1		d secur	ate and he/she has the	harity to hind the operator	
Name:	ersigned certifies that the above justing		Date:	ne and ne/sne has the aut	14.Feb.04	
	per: Jané Low	1.		n Held:		
olynature:	ignature: Position Held: President					



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



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PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

Form 6	To the Min				
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	n only applies to fluid injection for secondary recove	ry.			

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:	Syder	ham River & Production			
Township: Sombra			Source Formation:		Salina - A 1 Unit			
Tract:	2	Lot:	9	Concession:	5	Fluid Type:	Fr	resh & 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

		Average Daily Injection Pressure	Days on	Injection Rate
Month	Volume Injected (m3)	(kPag at wellhead)	Injection	(m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
Мау	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 Agwrig	Date:	14.Feb.04
Signature:	Mourie	Position Held:	President



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

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PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

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:	Syder	ham River & Production	
Townshi	ip:			Sombra		Source Formation:		Salina - A 1 Unit
Tract:	8	Lot:	8	Concession:	6	Fluid Type:	Fr	esh & Salt Water
Well Lice	ence #	# :		8600		Injection Formation:		A 1 Salina - Silurian
Well Sta	tus - N	/lode*:		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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/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 spove information is complete and accurate and he/she has the authority to bind the operator

Name:	per: Jane	Løwrie	Date: 1	4.Feb.04
Signature:	/ 1/h	ourie	Position Held:	President



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PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

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

Form 6	To the Mir	ister of Nat	ural Resources			_
Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296	
Address:	Unit E - 309 Commissioners Road West,					
	London, Ontario, N6J 1Y4	T				

This form only applies to fluid injection for secondary recovery.

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

Well Name: Bluewater Dunwich 1-23-I					Source Pool:	Thames River	
Township: Dunwich			Source Formation:	Not applicable			
Tract:	1	Lot:	23	Concession:	1	Fluid Type:	Fresh Water
Well Lice	ence #	# :		2644		Injection Formation:	Cambrian
Well Status - Mode*:		Abandoned		Injection Pool:	Willey		
Injection Permit #: Er		Ener	gy Board Order 4	1			

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

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

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/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:/J	ane Lowfie	Date:	14.Feb.04
Signature:	Hourse Kourse	Position Held:	President



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

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PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

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.

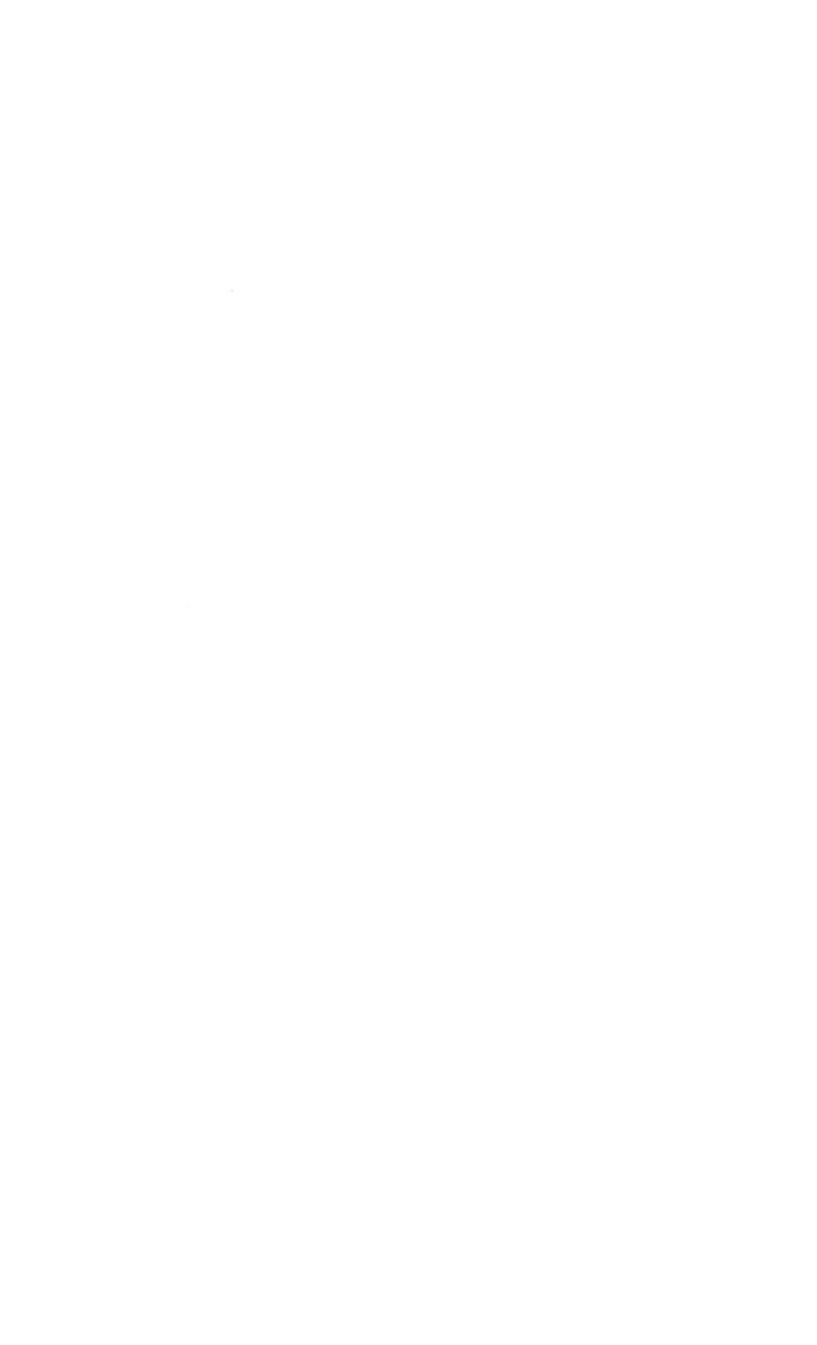
Well Name: Imperial Bluewater (894)				Bluewater (894)	Source Pool:	Thames River	
Township: Dunwich			Source Formation:	Not applicable			
Tract:	5	Lot:	22	Concession:	2	Fluid Type:	Fresh Water
Well Lice	nce #	ŧ:		1785		Injection Formation:	Cambrian
Well Status - Mode*: Suspended		Injection Pool:	Willey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

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

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

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/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

Name: p	er; Jane Lowrie	Date:	14.Feb.04
Signature:	er/ Jane Lowrie	Position Held:	President
	CI TO		



Ministry of Natural Pescurces

ntor Name:

FORM 109

February 12, 2004

Petroleum Resources Act

Well Permit No .:

ANNUAL REPORT OF MONTHLY INJECTION

for the year ending December 31, 2003

CHATHAM RESOURCES LTD.

20 Jackson St. W., Hamilton, ON		Ste. 410	Ste. 410 Well Name:			Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)					
	LSP 1L2			Location:	Location: County Township Lot Conc.			Injection Formation			
(f) A	Il injection wells opera	ited must herreported	(2) All injection mu	ist be report	ed (3) Where space	is insufficient, attach addic		1			
		INJECTION	N DATA					AVERAGE	DAILY		
ith	Fluid Source	Fluid Type	Fluid Treatment Pri Injection	ior to	Volume Injected (10*m)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection		Well Status (Active, Suspended, Ott	her -explain;
	WE H	AVE NO WATER I	JECTION WEI	LLS, TH	EREFORE, NO E	RINE WATER WAS	INJECTED	DURING THE YE	AR		
								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FEB 1 3 2000 PETROLEUM RESOU MINISTRY OF NATURAL R	RCES	
ALS					, ,						

Injection Permit No.



Oil, Gas and Salt Resources Act Annual Report of Monthly Injection

For the year 2003

_					-
_	2	FY	**	- 1	~

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:

Aldborough

Source Formation:

Glacial Gravel/Sand

Tract

Concession

Fresh Water

Fluid Type:

Well Licence # Well Status - Mode*:

Injection Formation:

Dundee

Injection Permit #:

Injection Pool:

Rodney R & R Unit 3

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

Description of fluid treatment prior to injection:

No Treatment

Month	Volume	Average Daily	Days on		
	Injected (m3)	Injection Pressure	Injection	Injection Rate	(m3/day)
		kPag			
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
Мау	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				

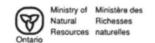
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Date: 15-Feb-04 Signiture President Position Held:

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PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES



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

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PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

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		
mile i i i i i i i i i i i i i i i i i i		

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 (m³)	Average Daily	Days on
		Injection Pressure	Injection
		(kPag at wellhead)	
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		

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



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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: Township:

Well Licence #

Tract

Rodney Unit 2

Aldborough

Lot

Concession

Source Pool:

Source Formation: Glacial drift

Fluid Type: Injection Formation: Columbus

Fresh Water

Injection Pool:

Rodney Unit 2

Well Status - Mode*: Injection Permit #:

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

Description of fluid treatment prior to injection:

Water filtered before injection

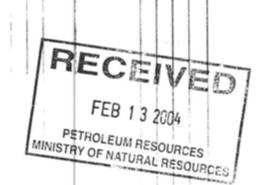
Month	Volume	Average Daily	Days on	
	Injected (m3)	Injection Pressur	Injection	Injection Rate (m3/day)
		kPag		
Jan	8,144.0	138 to 3034	31	262.7
Feb	7,371.0	103 to 3037	28	263.3
Mar	7,346.0	172 to 3137	31	237.0
April	7,398.0	138 to 3034	30	246.6
May	7,426.0	200 to 3100	31	239.5
June	7,542.0	150 to 3100	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 activiated.

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



Ministry of Ministère des Richesses Resources 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: Tel. # 649-0511 Shiningbank Energy Limited Fax # 649-6667 Address: P. O. Box 9009, 1795 Ernest Ave London, Ontario, N6E 2V5

Well Name:

Rodney Unit 1

Source Pool:

Source Formation: Glacial drift

Township: Tract

Aldborough Lot

Fluid Type:

Well Licence #

Concession

Fresh Water

Well Status - Mode*: Injection Permit #:

Injection Formation: Columbus Injection Pool: Rodney Unit 1

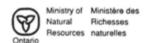
As of Dec 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Water is filtered

Month	Volume	Average Daily	Days on	
	Injected (m3)	Injection Pressure	Injection	Injection Rate (m3/day)
		kPag		
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			

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



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PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

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

Form 6 To: the Minister of Natural Resource	rm 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 (m3)	Average Daily	Hours on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
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

Name: Paul Korcyl		Date: February 10, 2004	•	
Signature:	P. Kus	\	Position Held: Canadian Ope	ation Accountant



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PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

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 3rd 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.

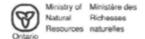
Well Name: Mersea 1-12-A	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 1 Lot 12 Concession A	Fluid Type: Oilfield Brine
Well Licence #: 6826	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40048 IP	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily	Hours on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
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

Name: Paul Korcyl		Date: February 10, 2003
Signature:	P. bush	Position Held: Canadian Operation Accountant



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PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

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 IR0

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 (m³/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 Cochrane Date: February 4, 2004

Signature: Caudia Cochrane

CRL 04 WKGCPI7.





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

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PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

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.

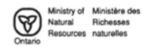
Well Name: Roth & Roth 4 Johnson 1 Enn. 31-XIV	Source Pool: Brine Ponds, Dow Chemical Canada		
Township: Enniskillen	Source Formation: Salina B Salt		
Tract 4 Lot 31 Concession XIV	Fluid Type: Cavern-washing brine		
Well Licence #: 8571	Injection Formation: Guelph		
Well Status - Mode*: Active	Injection 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 inhibit	or. Filtration

Month	th Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead)		Days on Injection	Injection Rate (m³/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			

	Date: February 4, 2004	
Signature: Valdia Cochrane		



Form 6

Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

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PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

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

	Torque Energy Inc.		Tel.	# (519)	433-7710	Fa	ax # (519) 433-7588
Address:	200 Queens Ave., Suite 200						
	London, On. N6A 1J3						
	only applies to fluid injection for wells must be reported and all				d. If space is in:	suffici	ent attach additional forms.
Well Name	e:			Source			
Township:				Source Formation:			
Tract	Lot Concession			Fluid Type:			
Well Licen	nce #:			Injection Formation:			
Well Statu	s - Mode*:			Injection Pool:			
Injection P	ermit #:						
* As of De	c. 31 - Active, suspended, aband	doned, testir	ng, pot	ential			
Description	n of fluid treatment prior to injec	ction:					
Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)		Days on Injection		ection Rate 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 Korhomson Date: February 15, 2004 Signature: Position Held: General Manager							
Signature. Toshion rieta. General Manager							

