



Annual Report of Monthly **Injection** for the year 2004 amended

Form 6

To: the Minister of Natural Resources

2008-01-01

Operator: Lonnie Barnes	Tel. #519-834-2339	Fax #519-834-2155
Address 2581 Duryee St. Box 242		
Oil Springs, ON N0N 1P0		

This form only applies to fluid injection for secondary recovery.

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

Well Name: Barnes FW #1-19	Source Pool:
Township: Enniskillen	Source Formation: 248'
Tract Lot 18 Concession 1 & 2	Injection Fluid Type: fresh water
Well Licence #: see attached list	Injection Formation: Dundee
Well Status - Mode*: ACT	Injection Pool:
Injection Permit #: NA	

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

Description of fluid treatment prior to injection:
Settling in pond

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

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

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





Annual Report of Monthly **Injection**
for the year 2004

RECEIVED
JAN 26 2005
PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

Form 6 To: the Minister of Natural Resources

Operator: Lonnie Barnes	Tel. # 519-834-2339	Fax # 519-834-2155
Address: 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 1 & 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(400PSI)	31	45.5
Feb	1274.00		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 10, 2005
Signature: <i>Donna Barnes</i>	



INJECTION WELLS

(all active)

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





Annual Report of Monthly **Injection** for the year 2004

Form 6 To: the Minister of Natural Resources

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

This form only applies to fluid injection for secondary recovery.

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

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

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

Description of fluid treatment prior to injection:

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

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

Name: Madeline Brett	Date: February 10, 2005
Signature:	Position: President





Annual Report of Monthly **Injection** for the year 2004

Form 6 To: the Minister of Natural Resources

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

This form only applies to fluid injection for secondary recovery.

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

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

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

Description of fluid treatment prior to injection:
--

Month	Volume Injected (m 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 10, 2005
Signature:	Position: President



Annual Report of Monthly **Injection** for the year 2004

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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.

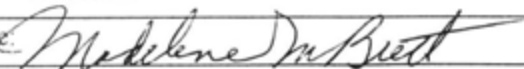
Well Name: Kewance Gobles 41	Source Pool: Gobles Pool
Township: Blenheim	Source Formation:
Tract 7 Lot 16 Concession 1	Fluid Type:
Well Licence #: 1909	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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 10, 2005
Signature: 	Position: President



Annual Report of Monthly Injection for the year 2004

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

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

Description of fluid treatment prior to injection:
--

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

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

Name: Madeline Brett	Date: February 10, 2005
Signature: <i>Madeline Brett</i>	Position: President

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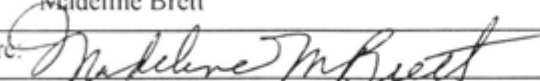
Well Name: Kewance Gobles 24	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 18 Concession 1	Fluid Type:
Well Licence #: 1492	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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 10, 2005
Signature: 	Position: President

Annual Report of Monthly Injection for the year 2004

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London, Ontario N6K 4G6		

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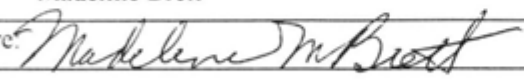
Well Name: McMaster #31 Gobles 20	Source Pool: Gobles
Township: Burford	Source Formation:
Tract 7 Lot 16 Concession 1	Fluid Type:
Well Licence #: 1287	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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	▼	▼	▼	▼

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 10, 2004
Signature: 	Position: President

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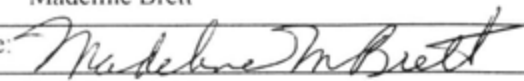
Well Name: Robert McMaster & Sons - Gobles 2	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 19 Concession 1	Fluid Type:
Well Licence #: 141	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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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Signature: 	Position: President

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London, Ontario N6K 4G6		

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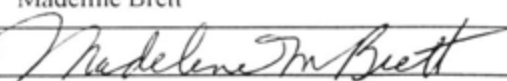
Well Name: Imperial Union Grand Bend # 2 & # 6	Source Pool: Grand Bend
Township: McGillivray	Source Formation: Guelph
Tract Lot 41 Concession NB	Fluid Type: Salt Water
Well Licence #: 1063	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

* 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	2515.40	0	31	81.14
Feb	2540.39	0	28	90.73
Mar	2943.26	0	31	94.94
April	2990.17	0	30	99.67
May	2578.15	0	31	83.17
June	1841.34	0	30	61.38
July	1977.34	0	31	63.79
Aug	2015.73	0	31	67.19
Sep	2000.67	0	30	66.69
Oct	1989.29	0	31	64.17
Nov	1777.93	0	30	59.26
Dec	1805.32	0	31	58.24
Total	26,974.99		365	890.37

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 10, 2005
Signature: 	Position: President





Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2004

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	

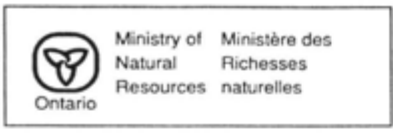
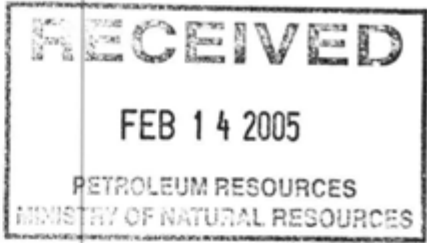
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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: 10.Feb.05
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2004

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	

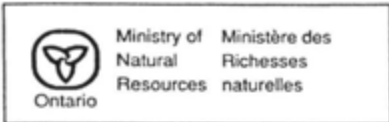
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

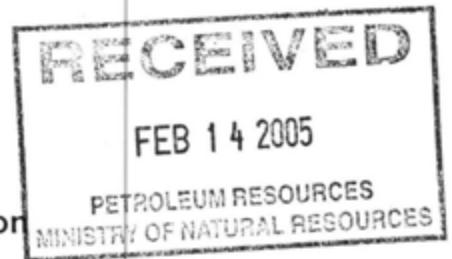
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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: 10.Feb.05
Signature:	Position Held: President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
 for the year 2004



Form 6

To the Minister of Natural Resources

Operator: Clearwood Resources Inc.	Tel. # (519) 657 - 2151	Fax # (519) 657 - 4296
Address: Unit E - 309 Commissioners Rd. W. London, Ontario, N6J 1Y4		

This form only applies to fluid injection for secondary recovery.

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

Well Name: Imperial 619 - Warwick # 6	Source Pool:
Township: Warwick	Source Formation:
Tract: Lot: 13 Concession: 3 SER	Fluid Type:
Well Licence #: 10048	Injection Formation: Silurian
Well Status - Mode*: Suspended	Injection Pool: Warwick
Injection Permit #:	

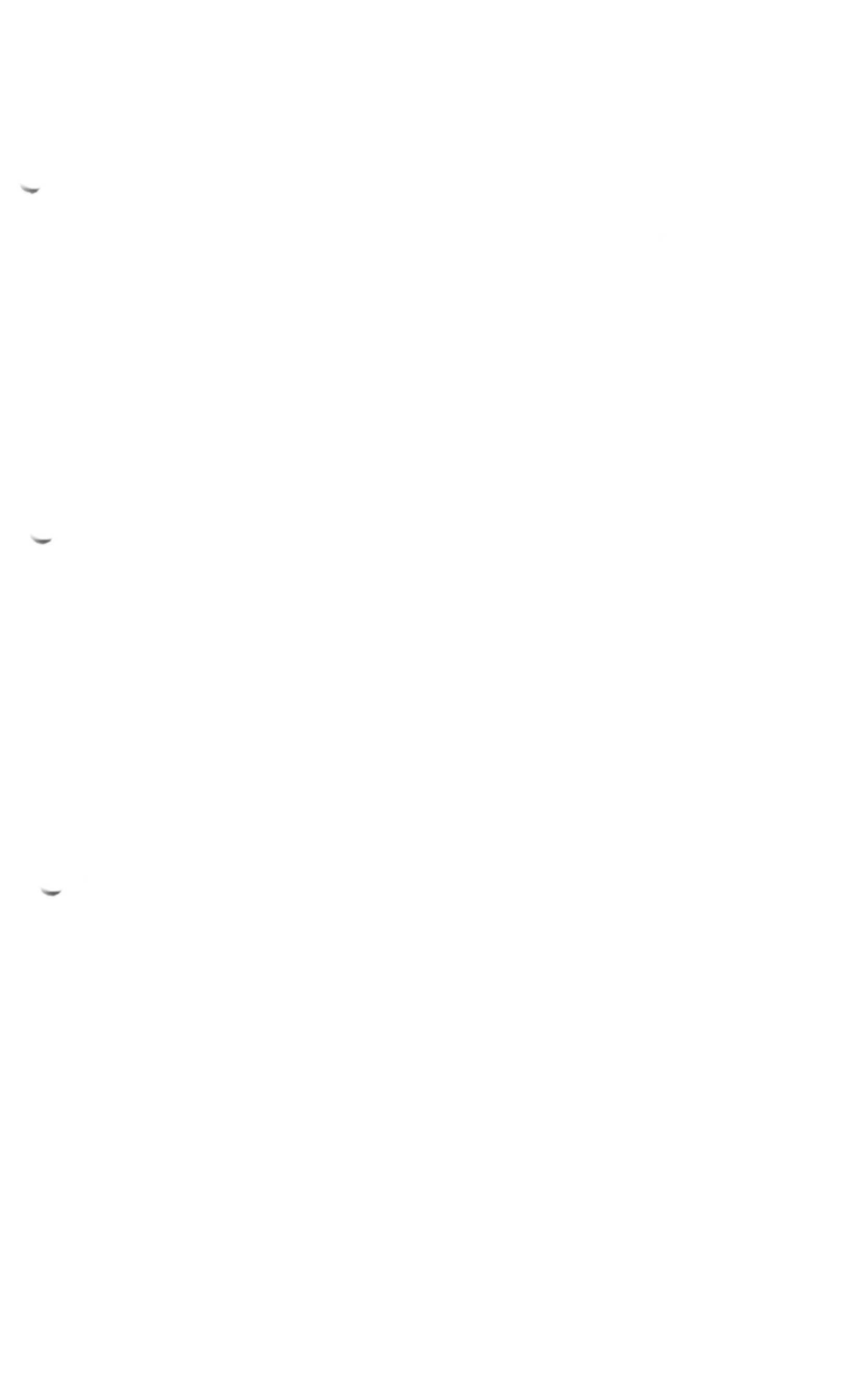
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

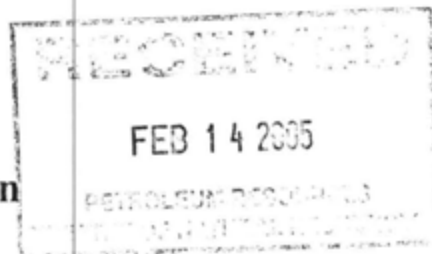
Description of fluid treatment prior to injection: flocculation, settling pond

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

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

Name: per: Jane Lowrie	Date: 10.Feb.05
Signature:	Position Held: President





Annual Report of Monthly Injection

for the year 2004

Form 6 To: the Minister of Natural Resources

Operator: <u>Charles Fairman Oil Prod</u>	Tel. # <u>882-0230</u>	Fax # <u>882-3363</u>
Address <u>Box 10, Petrolia, ON</u>		
<u>NOV 170</u>		

This form only applies to fluid injection for secondary recovery.

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

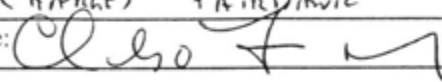
Well Name: <u>MORNINGSTAR</u>	Source Pool: <u>oil SPRINGS</u>
Township: <u>ENNISKILLEN</u>	Source Formation: <u>DEVONIAN</u>
Tract Lot <u>II</u> Concession <u>19</u>	Fluid Type: <u>Produced WATER</u>
Well Licence #:	Injection Formation: <u>DEVONIAN</u>
Well Status - Mode*:	Injection Pool: <u>oil SPRINGS</u>
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan				
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total	<u>2800</u>	<u>200 psi</u>	<u>300</u>	<u>9.5</u>

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

Name: <u>Charles Fairman</u>	Date: <u>FEB 11 / 05</u>
Signature: 	



Oil, Gas and Salt Resources Act
Annual Report of Monthly Injection
 For the year 2004

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: Aldborough	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 #:	

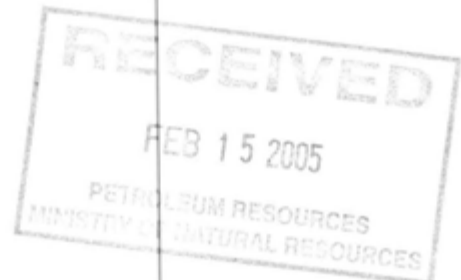
* As of Dec 31 - Active, suspended, abandoned, testing, potential

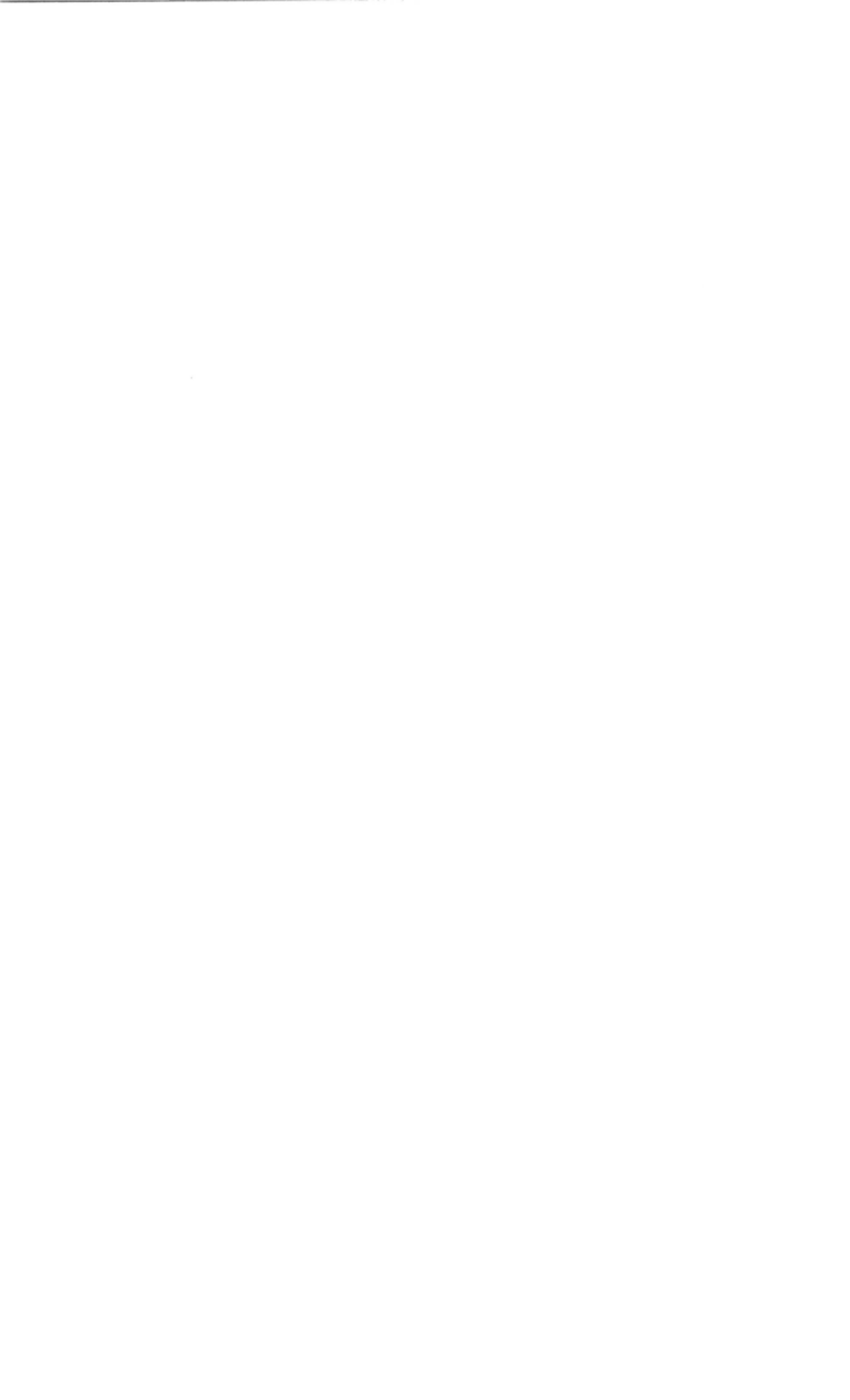
Description of fluid treatment prior to injection:
No Treatment

Month	Volume Injected (m3)	Average Daily Injection Pressure kPag	Days on Injection	Injection Rate (m3/day)
January-04	2,989.0	1,741	31	96.4
February-04	2,757.0	1,609	29	95.1
March-04	2,661.0	1,755	31	85.8
April-04	2,664.0	1,929	30	88.8
May-04	2,696.0	1,891	31	87.0
June-04	2,652.0	1,910	30	88.4
July-04	2,851.0	1,930	31	92.0
August-04	2,823.0	1,895	31	91.1
September-04	1,470.0	1,073	30	49.0
October-04	4,318.0	1,730	31	139.3
November-04	470.0	122	30	15.7
December-04	-	-	31	-
Total	28,351.0			

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-05
Signature:	Position Held: President







Annual Report of Monthly Injection for the year 2004



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

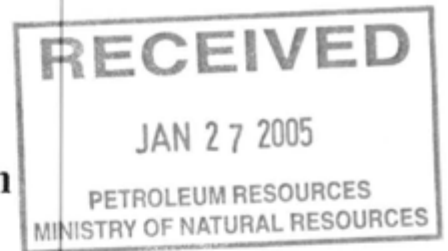
Description of fluid treatment prior to injection: addition of oxygen scavenger and scale inhibitor: filtration

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	1102.1	0	31	35.55
Feb	1279.1	0	28	45.68
Mar	1246.6	0	31	40.21
April	1208.6	0	30	40.29
May	424.3	0	31	35.36
June	458.5	0	30	35.27
July	860.3	0	31	27.75
Aug	459.0	0	31	14.81
Sept	423.7	0	30	14.12
Oct	318.3	0	31	10.27
Nov	141.2	0	10	14.1
Dec	0	0	0	
Total	7921.7			

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

Name: Claudia Cochrane	Date: January 21, 2005
Signature: <i>Claudia Cochrane</i>	

Annual Report of Monthly Injection for the year 2004



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	1274.1	0	31	41.1
Feb	1454.7	0	28	52.0
Mar	0	0	31	0
April	0	0	30	0
May	1272.2	0	31	41.0
June	1410.4	0	30	47.0
July	1305.4	0	31	42.1
Aug	1094.8	0	31	35.3
Sep	1412.3	0	30	47.1
Oct	1307.2	0	31	42.2
Nov	1414.0	0	30	47.1
Dec	1271.4	0	31	41.0
Total	13,216.5			

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

Name: Claudia Cochrane	Date: January 21, 2005
Signature: <i>Claudia Cochrane</i>	



Annual Report of Monthly Injection for the year 2004

Form 6 To: the Minister of Natural Resources

Operator: Reef Resources Ltd.	Tel. # (403) 251-9447 ext. 201	Fax # (403) 251-9553
Address Suite 210, 550 – 71 st Avenue S.E.		
Calgary, Alberta T2H 0S6		

This form only applies to fluid injection for secondary recovery.

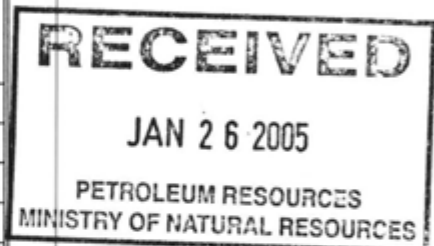
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

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:
Gas re-injected for conservation until sales line and meter station is completed

Month	Volume Injected (10 ³ m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	0		
Feb	107.9	1,895.8	12
Mar	194.4	2,757.6	21
April	197.1	4,481.1	21
May	298.9	5,515.2	29
June	0		
July	0		
Aug	0		
Sep	0		
Oct	0		
Nov	0		
Dec	0		
Total	798.3		

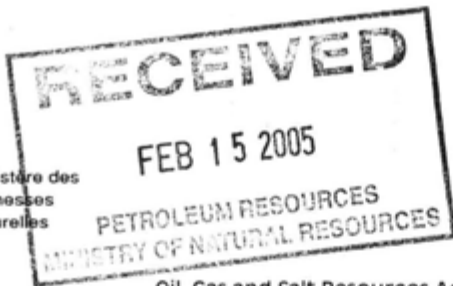


The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Arnie Hansen	Date: January 21, 2005
Signature: 	President



Ministry of Natural Resources
Ministère des Richesses naturelles



Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection
For the year 2004

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	18,684.0	500 to 3200	31	602.7
Feb	15,732.0	500 to 3200	29	542.5
Mar	16,827.0	800 to 3100	31	542.8
April	15,928.0	500 to 3100	30	530.9
May	16,588.0	500 to 3000	31	535.1
June	14,625.0	500 to 3000	30	487.5
July	15,047.0	900 to 3100	31	485.4
Aug	15,297.0	300 to 3100	31	493.5
Sept	15,379.0	600 to 3000	30	512.6
Oct	16,441.0	500 to 3000	31	530.4
Nov	8,129.0	450 to 3050	30	271.0
Dec	13,592.0	500 to 3100	31	438.5
Total	182,269.0			

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

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Oil, Gas and Salt Resources Act
Annual Report of Monthly Injection
For the year 2004

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	7,147.0	138 to 3034	31	230.5
Feb	6,706.0	103 to 3037	28	239.5
Mar	7,455.0	172 to 3137	31	240.5
April	6,267.0	138 to 3034	30	208.9
May	6,949.0	200 to 3100	31	224.2
June	7,142.0	150 to 3100	30	238.1
July	6,922.0	120 to 3125	31	223.3
Aug	6,789.0	50 to 3100	31	219.0
Sept	6,608.0	150 to 3100	30	220.3
Oct	5,465.0	400 to 3010	31	176.3
Nov	-		0	
Dec	-		0	
Total	67,450.0			
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

Annual Report of Monthly Injection for the year 2004

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PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 231-2922	Fax # (403) 231-3635
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	1815.0	2254.8	744	58.6
Feb	1365.0	2137.9	696	47.1
Mar	1477.0	1925.8	696	50.9
April	1455.0	2410.0	720	48.5
May	1542.0	2287.1	744	49.7
June	1385.0	2223.3	720	46.2
July	1457.0	2471.0	744	47.0
Aug	1546.0	2432.3	696	53.3
Sep	1459.0	2713.3	696	50.3
Oct	1454.0	2661.3	744	46.9
Nov	1402.0	2746.7	720	46.7
Dec	1471.0	2700.0	744	47.5
Total	17,828	28,963.5	8,664	592.7

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

Name: Chris Alston	Date: February 10, 2005
Signature:	Position Held: Canadian Operation Accountant

Annual Report of Monthly **Injection** for the year 2004

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 231-2922	Fax # (403) 231-3635
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	6883.0	2300.0	567	291.3
Feb	5970.0	2300.0	503	284.9
Mar	7415.0	2300.0	623	285.7
April	7904.0	2300.0	676	280.6
May	7487.0	2725.8	648	277.3
June	6663.0	2900.0	627	255.0
July	6728.0	2900.0	600	269.1
Aug	5834.0	2751.6	562	249.1
Sep	8075.0	2893.3	683	283.7
Oct	8856.0	2900.0	723	294.0
Nov	8542.0	2900.0	698	293.7
Dec	8276.0	3054.8	695	285.8
Total	88,633.0	32,225.5	7,605	3350.2

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

Name: Chris Alston	Date: February 10, 2005
Signature:	Position Held: Canadian Operation Accountant

Annual Report of Monthly **Injection** for the year 2004

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.

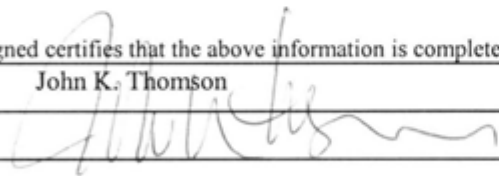
Well Name:	Source Pool:
Township:	Source Formation:
Tract Lot Concession	Fluid Type:
Well Licence #:	Injection Formation:
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

* 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, 2005
Signature: 	Position Held: General Manager

