



## Annual Report of Monthly **Injection** for the year 2006 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 <sup>3</sup> )	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
<b>Total</b>	<b>2901.75</b>		<b>365</b>

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 2006

Form 6 To: the Minister of Natural Resources

Operator: Liberty Oil & Gas Ltd.	Tel. # (403) 229-2968	Fax # (403) 229-2978
Address: 301, 1324 – 11th Ave. SW		
Calgary, AB T3C 0M6		

*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 <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	<b>NIL REPORT</b>			
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
<b>Total</b>				

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

Name: Morley Salmon	Date: February 14, 2007
Signature:	Position Held: Director





## Annual Report of Monthly Injection for the year 2006

Form 6 To: the Minister of Natural Resources

Operator: <u>CITANES FAIRBANK OIL PROD</u>	Tel. #	Fax #
Address	<u>519-882-0230</u>	<u>519-882-3363</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>MORNING STAR</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 <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan				
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
<b>Total</b>	<u>900</u>	<u>200 p.s.i.</u>	<u>100</u>	

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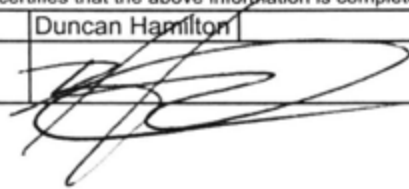
PETROLEUM RESOURCES  
MINISTRY OF NATURAL RESOURCES

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

Name: <u>C.O. FAIRBANK</u>	Date: <u>FEB 14/07</u>
Signature: <u>[Handwritten Signature]</u>	



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 Ministry of Natural Resources Ministère des Richesses naturelles					
		Oil, Gas and Salt Resources Act		PETROLEUM RESOURCES	
		Annual Report of Monthly Injection		MINISTRY OF NATURAL RESOURCES	
		For the year 2006			
Form 6	To: the Minister of Natural Resources				
Operator:	Greentree Gas & Oil Ltd.	Tel. #	681-9355	Fax #	681-3887
Address:	207,209 Consortium Court London, ON N6E 2S8				
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)	
January	1,366.0	499	31	44.1	
February	1,098.0	532	28	39.2	
March	1,425.0	486	31	46.0	
April	-	-	30	-	
May	-	-	31	-	
June	623.0	468	30	20.8	
July	2,642.0	1,724	31	85.2	
August	2,476.0	1,665	31	79.9	
September	1,067.0	1,321	30	35.6	
October	303.0	1,091	31	9.8	
November	-	-	30	-	
December	2,207.0	1,252	31	71.2	
Total	13,207.0		365		
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-07		
Signature:			Position He President		







Ministry of Natural Resources  
Ministère des Richesses naturelles

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Oil, Gas and Salt Resources Act  
**Annual Report of Monthly Injection**  
For the year 2006

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:	CCS #10 - McMillan No.27, Aldborough-5-V	Source Pool:	Rodney Unit	
Township:	Aldborough	Source Formation:	Glacial drift, Columbus	
Tract	Lot	Concession	Fluid Type:	Fresh Water, Produced water
Well Licence #		Injection Formation:	Columbus	
Well Status - Mode*:	Inj - ACT	Injection Pool:	Rodney Unit	
Injection Permit #:	19-1			

\* 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	20,270	500 to 3200	31	653.9
Feb	15,755	500 to 3200	28	562.7
Mar	16,009	800 to 3100	31	516.4
April	16,791	500 to 3100	30	559.7
May	18,378	500 to 3000	31	592.8
June	19,265	500 to 3000	30	642.2
July	17,067	900 to 3100	31	550.5
Aug	19,021	300 to 3100	31	613.6
Sept	17,505	600 to 3000	30	583.5
Oct	16,236	500 to 3000	31	523.7
Nov	14,427	450 to 3050	30	480.9
Dec	15,745	500 to 3100	31	507.9
Total	206,469			

Note: Injection into both the Unit 1 and Unit 2 wells is included in this sheet from June onward.

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-06
Signature:		Position Held:	Manager, Ontario Operations



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 MINISTRY OF NATURAL RESOURCES

## Annual Report of Monthly Injection for the year 2006

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-1785	Fax # (403) 231-3635
Address 3400 888 3 <sup>rd</sup> 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-VIII	Source Pool:
Township:	Source Formation: Ordovician
Tract Lot Concession	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 <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	5499	2517.7	741	
Feb	5266	2750	665	
Mar	6635	2798.4	744	
April	5088	2800	720	
May	4503	1811.3	714	
June	4892	2125	703	
July	4932	2377	670	
Aug	4295	2500	682	
Sep	4966	2125	684	
Oct	5144	1985	714	
Nov	4749	1867	703	
Dec	4647	1567.7	673	
<b>Total</b>	<b>60,616</b>			

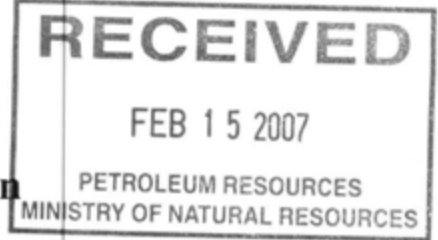
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: <i>SAYSID MAHMOUD</i>	Date: <i>FEB 10 2007</i>
Signature: <i>Saysid Mahmoud</i>	<i>PM</i>





Annual Report of Monthly Injection  
for the year 2006



Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-1785	Fax # (403) 231-3635
Address 3400 888 3 <sup>rd</sup> 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:	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:

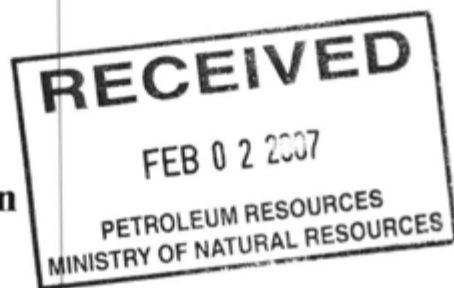
Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	1203	2356.5	744	
Feb	995	2175	672	
Mar	1115	2235.4	744	
April	1028	2053.3	720	
May	1134	2090.3	744	
June	1558	2380	720	
July	1969	2611.3	744	
Aug	1741	2851.6	744	
Sep	1703	2906.7	720	
Oct	1586	3000	744	
Nov	1474	3000	720	
Dec	199.4	33.9	72	
Total	15,705.4			

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

Name: SAJID MAHMOOD	Date: Feb 10/07
Signature: Sajid Mahmood	PA



Annual Report of Monthly **Injection**  
for the year 2006



Form 6 To: the Minister of Natural Resources

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 #1-18	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*: ACT	Injection Pool:
Injection Permit #: N/A	

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

Description of fluid treatment prior to injection:
Settling in pond

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	1410.50	2756.92 (400 PSI)	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 16, 2007
Signature: <i>Donna Barnes</i>	





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PETROLEUM RESOURCES  
MINISTRY OF NATURAL RESOURCES**INJECTION WELLS**

(all active)

<b>WELL NAME</b>	<b>WELL LICENCE #</b>
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 2006

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd	
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 #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:

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	1613	-0-	31	52.0
Feb	2147	-0-	28	76.7
Mar	2268	-0-	31	73.2
April	1656	-0-	30	55.2
May	1621	-0-	31	52.3
June	1487	-0-	30	49.6
July	1401	-0-	31	45.1
Aug	1416	-0-	31	45.2
Sep	1384	-0-	30	47.2
Oct	1337	-0-	31	44.6
Nov	1332	-0-	30	44.1
Dec	1320	-0-	31	42.6
<b>Total</b>	<b>18972</b>		<b>365</b>	<b>627.80</b>

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 07, 2006
Signature:	President





## Annual Report of Monthly **Injection** for the year 2006

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd	
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	Source Pool: Grand Bend
Township: McGillivray	Source Formation: Guelph
Tract Lot 41 Concession NB	Fluid Type: Salt water
Well Licence #: F011756	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:

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	1074	-0-	31	34.6
Feb	1289	-0-	28	46.0
Mar	1699	-0-	31	54.8
April	974	-0-	30	32.4
May	895	-0-	31	28.9
June	904	-0-	30	29.2
July	967	-0-	31	28.3
Aug	871	-0-	31	28.1
Sep	869	-0-	30	29.0
Oct	875	-0-	31	28.2
Nov	854	-0-	30	28.4
Dec	862	-0-	31	27.8
<b>Total</b>	<b>13869</b>		<b>365</b>	<b>395.7</b>

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 07, 2007
Signature:	President





## Annual Report of Monthly **Injection** for the year 2006

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd	
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: Blenheim	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 <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
<b>Total</b>	↓	↓	↓	↓

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 07, 2007
Signature:	President







## Annual Report of Monthly **Injection** for the year 2006

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd	
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: Kewanee - Gobles 41	Source Pool: Gobles
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 <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /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 07, 2007
Signature:	President





## Annual Report of Monthly Injection for the year 2006

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd	
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: Kewanee Gobles 24	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 18 Concession 1	Fluid Type:
Well Licence #: 1492	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

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

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 07, 2007
Signature:	President





## Annual Report of Monthly **Injection** for the year 2006

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd	
London, Ontario N6K 4G6	

*This form only applies to fluid injection for secondary recovery.*

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

Well Name: McMaster – Gobles 20	Source Pool: Gobles
Township: Blenheim	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 <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
<b>Total</b>	↓	↓	↓	↓

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 07, 2007
Signature:	President





## Annual Report of Monthly **Injection** for the year 2006

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd	
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: Blenheim	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 <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
<b>Total</b>	↓	↓	↓	↓

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 07, 2007
Signature:	President







## Annual Report of Monthly **Injection** for the year 2006

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd	
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 <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
<b>Total</b>	↓	↓	↓	↓

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 07, 2007
Signature:	President





## Annual Report of Monthly **Injection** for the year 2006

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd	
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 <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
<b>Total</b>	↓	↓	↓	↓

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 07, 2007
Signature:	President





## Annual Report of Monthly **Injection** for the year 2006

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: Plympton 5-19-VI
Township: Plympton	Source Formation: Guelph
Tract 3 Lot 20 Concession VI	Fluid Type: Formation 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 <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	305.7	0	31	9.86
Feb	243.7	0	28	8.70
Mar	324.8	0	31	10.48
April	159.2	0	30	5.31
May	230.6	0	31	19.22
June	267.3	0	30	20.56
July	249.5	0	31	8.05
Aug	264.0	0	31	8.52
Sept	250.8	0	30	8.36
Oct	280.2	0	31	9.04
Nov	200.7	0	30	6.69
Dec	54.7	0	31	1.76
<b>Total</b>	<b>2831.1</b>			

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 8, 2007
Signature: <i>Claudia Cochrane</i>	



## Annual Report of Monthly Injection for the year 2006

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 <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	1341.1	0	31	43.26
Feb	988.3	0	28	35.3
Mar	67.7	0	5	2.8
April	0	0	0	0
May	1376.5	0	31	44.4
June	1479.4	0	30	49.31
July	1305.6	0	31	42.12
Aug	1446.3	0	31	46.65
Sep	1270.3	0	30	42.34
Oct	1377.0	0	31	44.42
Nov	1305.9	0	30	43.53
Dec	1094.6	0	31	35.31
Total	13052.7			

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

Name: Claudia Cochrane	Date: February 8, 2007
Signature: <i>Claudia Cochrane</i>	







## Annual Report of Monthly **Injection** for the year 2006

Form 6 To: the Minister of Natural Resources

Operator: Reef Resources Ltd.	Tel. # (403) 251-9447	Fax # (403) 251-9553
Address P.O. Box 20311 Calgary Place RPO		
Calgary, Alberta T2P 4J4		

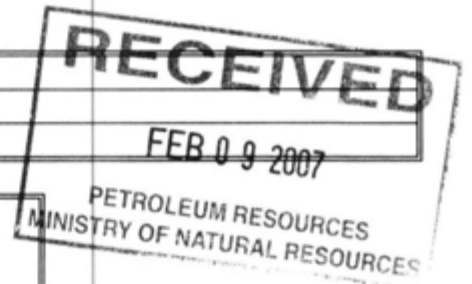
*This form only applies to fluid injection for secondary recovery.*

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:

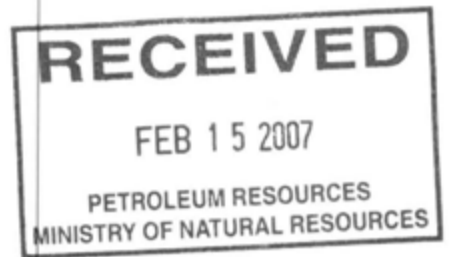
Month	Volume Injected (10 <sup>3</sup> m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	0		
Feb	0	0	0
Mar	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
Aug	0	0	0
Sep	0	0	0
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0
Total	0	0	0

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 5, 2007
Signature:	President



## Annual Report of Monthly **Injection** for the year 2006



Form 6 To: the Minister of Natural Resources

Operator: Torque Energy Inc.	Tel. # (519) 433-7710	Fax # (519) 433-7588
Address: 360 Queens Ave. , Suite 100		
London, On. N6B 1X6		

*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.

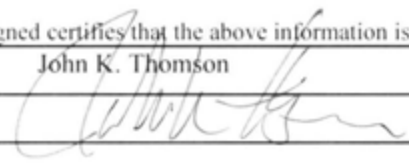
Well Name:	Source Pool:
Township:	Source Formation:
Tract      Lot      Concession	Fluid Type:
Well Licence #:	Injection Formation:
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

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

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 12, 2007
Signature: 	Position Held: General Manager

