



Annual Report of Monthly **Injection** for the year 2008 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

2009 / 09

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>	

INJECTION WELLS

WELL NAME	WELL LICENCE #	MODE
Barnes FW #1, Enniskillen-18-2	T010215	ACT
Barnes FW #2, Enniskillen-18-2	T010216	ACT
Barnes FW #3, Enniskillen-18-2	T010217	SUS
Barnes FW #4, Enniskillen-18-2	T010218	SUS
Barnes FW #5, Enniskillen-18-2	T010219	SUS
Barnes FW #6, Enniskillen-18-2	T010220	ACT
Barnes FW #7, Enniskillen-18-2	T010221	SUS
Barnes FW #8, Enniskillen-18-2	T010179	ACT
Barnes FW #9, Enniskillen-18-2	T010180	SUS
Barnes FW #10, Enniskillen-18-2	T010181	SUS
Barnes FW #11, Enniskillen-18-2	T010253	ACT
Barnes FW #12, Enniskillen-18-1	T010182	ACT
Barnes FW #13, Enniskillen-18-1	T010183	ACT
Barnes FW #14, Enniskillen-18-1	T010184	SUS
Barnes FW #15, Enniskillen-18-1	T010185	SUS
Barnes FW #16, Enniskillen-18-1	T010186	SUS
Barnes FW # 17, Enniskillen-18-1	T010187	ACT
Barnes FW #18, Enniskillen-18-1	T010188	ACT
Barnes FW #19, Enniskillen-18-1	NA	SUS

Form 3 Update



Annual Report of Monthly **Injection** for the year 2008

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	1410.50	2756.92 (400 PSI)	31
Feb	1319.50		29
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	16653.00		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: January 26, 2009
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
Barnes FW #19, Enniskillen-18-1	NA





Ministry of Natural Resources
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the year 2008

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: 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	2,152.0	1,047	31	69.4
February	2,208.0	1,287	29	71.2
March	2,509.0	936	31	80.9
April	2,435.0	1,480	30	78.5
May	2,761.0	1,551	31	89.1
June	2,917.0	1,140	30	97.2
July	3,080.0	826	31	99.4
August	2,692.0	1,063	31	86.8
September	2,863.0	1,121	30	95.4
October	4,379.0	1,115	31	141.3
November	4,605.0	1,034	30	148.5
December	3,813.0	1,181	31	123.0
Total	36,414.0		366	

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

Name: Duncan Hamilton Date: 10-Feb-09

Signature:  Position Held: President





Annual Report of Monthly **Injection** for the year 2008

Form 6

To: the Minister of Natural Resources

2008-01-01

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	Injection 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
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 E. Cowan	Date: February 12, 2009
Signature:	Position Held: Director



Annual Report of Monthly **Injection** for the year 2008

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.

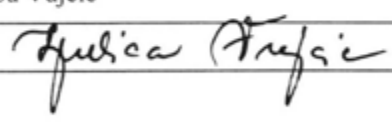
Well Name: Robert McMaster & Sons – Gobles 2	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 19 Concession 1	Fluid Type:
Well Licence #: 141	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m 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: Lou Vujcic	Date: February 05, 2009
Signature: 	Bookkeeper



Annual Report of Monthly **Injection** for the year 2008

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.

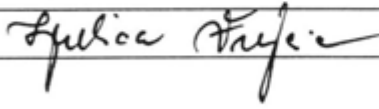
Well Name: Robert McMaster & Sons – Gobles 4	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 22 Concession 1	Fluid Type:
Well Licence #: 149	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m 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: Lou Vujcic	Date: February 05, 2009
Signature: 	Bookkeeper



Annual Report of Monthly **Injection** for the year 2008

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.

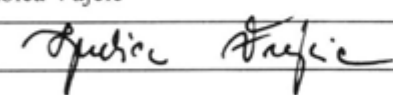
Well Name: Robert McMaster & Sons – Gobles 7	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 3 Lot 19 Concession 1	Fluid Type:
Well Licence #: 1025	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m 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: Ljubica Vujcic	Date: February 05, 2009
Signature: 	Bookkeeper



Annual Report of Monthly **Injection** for the year 2008

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.

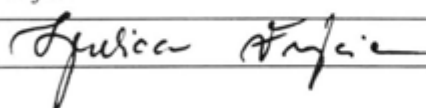
Well Name: McMaster – Gobles 20	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 7 Lot 16 Concession 1	Fluid Type:
Well Licence #: 1287	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m 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: Lou Vujeic	Date: February 05, 2008
Signature: 	Bookkeeper



Annual Report of Monthly **Injection** for the year 2008

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.

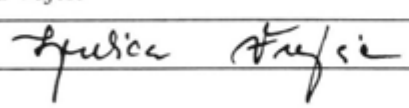
Well Name: Kewanee Gobles 24	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 18 Concession 1	Fluid Type:
Well Licence #: 1492	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m 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: Lou Vujcic	Date: February 05, 2009
Signature: 	Bookkeeper





Annual Report of Monthly **Injection** for the year 2008

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 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: Lou Vujcic	Date: February 05, 2009
Signature:	Bookkeeper



Annual Report of Monthly Injection for the year 2008

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.

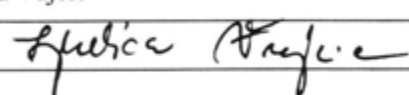
Well Name: Imperial Kewanee - Gobles 45	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 3 Lot 7 Concession 1	Fluid Type:
Well Licence #: 1719	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

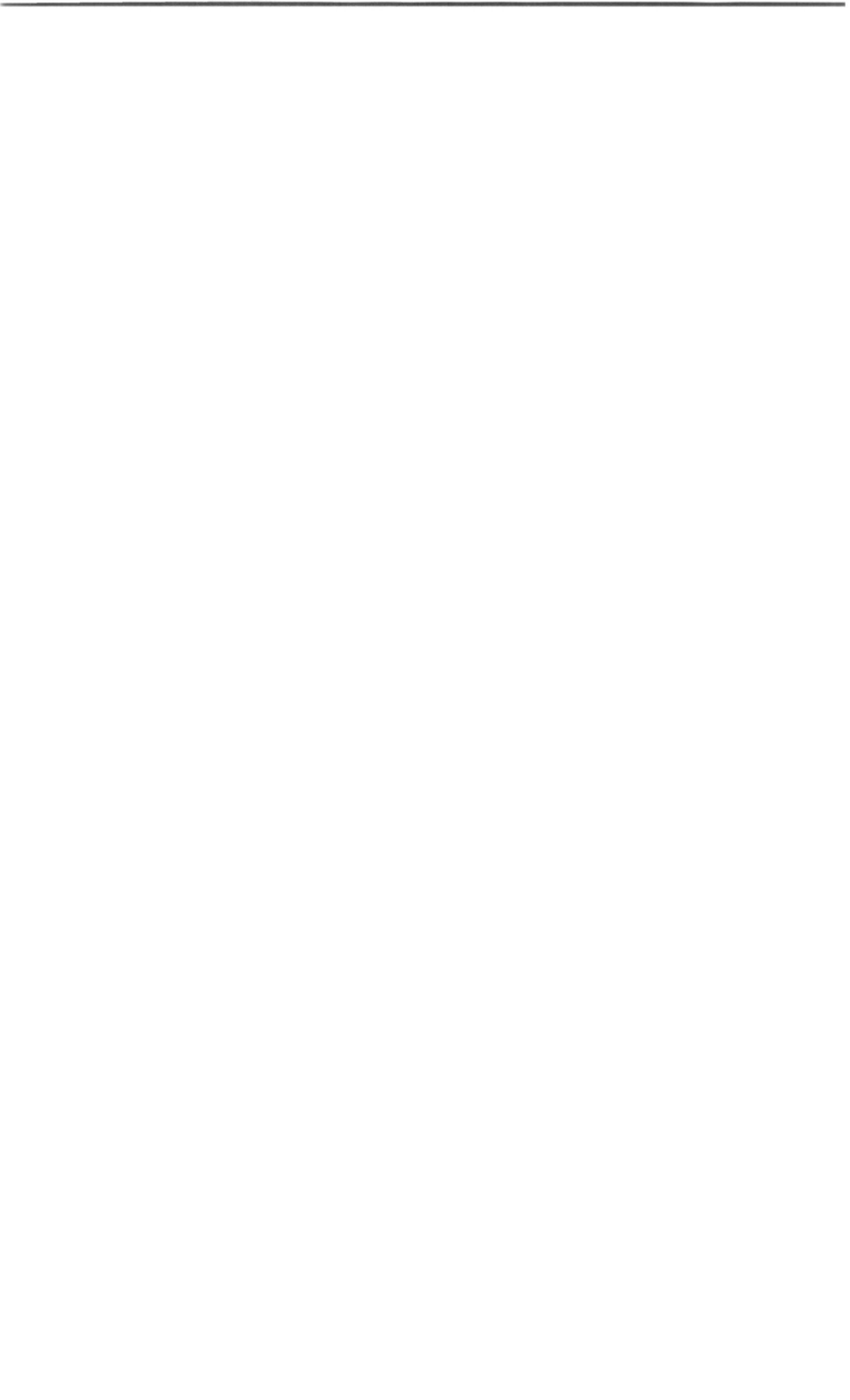
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m 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: Lou Vujcic	Date: February 05, 2009
Signature: 	Bookkeeper





Annual Report of Monthly Injection for the year 2008

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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	1,050	-0-	31	33.9
Feb	1,065	-0-	28	38.1
Mar	1,455	-0-	31	46.9
April	1,060	-0-	30	35.3
May	394	-0-	31	12.7
June	358	-0-	30	11.9
July	611	-0-	31	19.7
Aug	427	-0-	31	13.8
Sep	414	-0-	30	13.8
Oct	617	-0-	31	19.9
Nov	653	-0-	30	21.8
Dec	846	-0-	31	27.3
Total	8,950		365	

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

Name: Lou Vujcic	Date: February 05, 2009
Signature: <i>Lou Vujcic</i>	Bookkeeper





Annual Report of Monthly Injection for the year 2008

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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	1,568	-0-	31	50.6
Feb	1,840	-0-	28	65.7
Mar	1,667	-0-	31	53.8
April	1,167	-0-	30	38.9
May	781	-0-	31	25.2
June	853	-0-	30	28.4
July	697	-0-	31	22.5
Aug	543	-0-	31	17.5
Sep	623	-0-	30	20.8
Oct	883	-0-	31	28.5
Nov	993	-0-	30	33.1
Dec	1,106	-0-	31	35.7
Total	12,721		365	

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

Name: Lou Vujcic	Date: February 05, 2009
Signature:	Bookkeeper



Annual Report of Monthly **Injection** for the year 2008

Form 6

To: the Minister of Natural Resources

2008-01-01

Operator: Liberty Oil & Gas Ltd.	Tel. # (403) 229-2968	Fax # (403) 229-2978
Address: 210, 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.

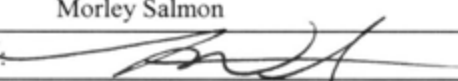
Well Name: PPC/Ram # 31	Source Pool: Dover East Field
Township: Dover	Source Formation: Ordovician - Trenton & Black River
Tract 3 Lot 6 Concession IV E	Injection Fluid Type: Formation Water (Brine)
Well Licence #: 7802	Injection Formation: Ordovician – Black River Group
Well Status - Mode*: INJ - Active	Injection Pool: Rowe Ram 8A, Dover 4-6-IV E
Injection Permit #: 2007-1	

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

Description of fluid treatment prior to injection: None

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep	15.80	0	1
Oct	171.20	0	8
Nov	178.93	0	4
Dec	165.41	0	4
Total	531.34	0	17

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 12, 2009
Signature: 	Position Held: Director



FORM 109 Petroleum Resources Act
ANNUAL REPORT OF MONTHLY INJECTION
for the year ending December 31, *2008*

Operator Name: CHATHAM RESOURCES LTD.		Well Permit No.:	Injection Permit No.
Address: 20 Jackson St. W., Ste. 410 Hamilton, ON L8P 1L2		Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)
		Location: County Township Lot Conc.	Injection Formation

(1) All injection wells operated must be reported (2) All injection must be reported (3) Where space is insufficient, attach additional forms.

INJECTION DATA					AVERAGE DAILY			
Well No.	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 ³ m ³)	Inj. Pressure (kPa)	Inj. Rate (m ³ /day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
WE HAVE NO WATER INJECTION WELLS, THEREFORE, NO BRINE WATER WAS INJECTED DURING THE YEAR								

February 5, 2008

SIGNATURE: 





Oil, Gas and Salt Resources Act
Annual Report of Monthly Injection
For the year 2008

Form 6 To: the Minister of Natural Resources

Operator: Prime West Energy	Tel. # 649-0511	Fax # 472-7897
Address: P. O. Box 9009, 1795 Ernest Ave London, Ontario, N6E 2V5		

Well Name: Various	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	25,581	500 to 3200	31	825.2
Feb	24,337	500 to 3200	28	869.2
Mar	22,566	800 to 3100	31	727.9
April	21,470	500 to 3100	30	715.7
May	20,138	500 to 3000	31	649.6
June	20,324	500 to 3000	30	677.5
July	20,383	900 to 3100	31	657.5
Aug	19,727	300 to 3100	31	636.4
Sept	18,123	600 to 3000	30	604.1
Oct	18,252	500 to 3000	31	588.8
Nov	21,473	450 to 3050	30	715.8
Dec	25,784	500 to 3100	31	831.7
Total	258,158			

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-09
Signature:	Position Held: Manager, Ontario Operations

