

Annual Report of Monthly **Injection** for the year 2009

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: Rain water, water well
Township: Enniskillen	Source Formation: 248'
Tract Lot 18 Concession 1 & 2	Injection Fluid Type: fresh water
Well Licence #: see attached list	Injection Formation: Detroit River Group
Well Status - Mode*: ACT	Injection Pool: Oil Springs Pool in Parts of Lot 18,
Injection Permit #: 2009-1	Con I and II, Enniskillen Township

* 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: January 26, 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	11943	SUS

Annual Report of Monthly **Injection** for the year 2009

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 657-4050
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.

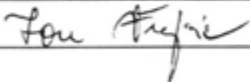
Well Name: Imperial Union Grand Bend #6	Source Pool: Grand Bend
Township: McGillivray	Source Formation: Guelph
Tract Lot 41 Concession NB	Fluid Type: Salt water
Well Licence #: 1063	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

* 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	1,206	-0-	31	38.90
Feb	1,014	-0-	28	36.21
Mar	1,424	-0-	31	45.94
April	1,321	-0-	30	44.03
May	1,041	-0-	31	33.58
June	1,038	-0-	30	34.60
July	967	-0-	31	31.19
Aug	854	-0-	31	27.55
Sep	1,039	-0-	30	34.63
Oct	1,021	-0-	31	32.94
Nov	1,082	-0-	30	36.07
Dec	985	-0-	31	31.77
Total	12,992		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 01, 2010
Signature: 	Bookkeeper

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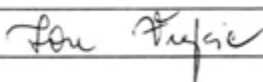
Well Name: Imperial Union Grand Bend #2	Source Pool: Grand Bend
Township: McGillivray	Source Formation: Guelph
Tract Lot 41 Concession NB	Fluid Type: Salt water
Well Licence #: F011756	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

* 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	658	-0-	31	21.22
Feb	639	-0-	28	22.82
Mar	939	-0-	31	30.29
April	546	-0-	30	18.20
May	660	-0-	31	21.29
June	597	-0-	30	19.90
July	571	-0-	31	18.42
Aug	445	-0-	31	14.35
Sep	482	-0-	30	16.06
Oct	497	-0-	31	16.03
Nov	472	-0-	30	15.73
Dec	445	-0-	31	14.35
Total	6,951		365	

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

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Signature: 	Bookkeeper

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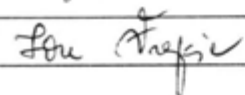
Well Name: Robert McMaster & Sons – Gobles 2	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 19 Concession 1	Fluid Type:
Well Licence #: 141	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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	↓	↓	↓	↓

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 01, 2010
Signature: 	Bookkeeper



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London, Ontario N6K 4G6	

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

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

Description of fluid treatment prior to injection:
--

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

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Name: Lou Vujcic	Date: February 01, 2010
Signature:	Bookkeeper

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Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4050
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London, Ontario N6K 4G6	

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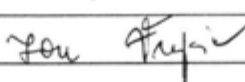
Well Name: Robert McMaster & Sons – Gobles 7	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 3 Lot 19 Concession 1	Fluid Type:
Well Licence #: 1025	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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	↓	↓	↓	↓

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Name: Ljubica Vujcic	Date: February 01, 2010
Signature: 	Bookkeeper

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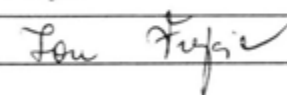
Well Name: McMaster – Gobles 20	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 7 Lot 16 Concession 1	Fluid Type:
Well Licence #: 1287	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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	▼	▼	▼	▼

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Name: Lou Vujcic	Date: February 01, 2010
Signature: 	Bookkeeper

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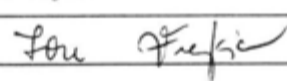
Well Name: Kewanee Gobles 24	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 18 Concession 1	Fluid Type:
Well Licence #: 1492	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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	↓	↓	↓	↓

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Name: Lou Vujcic	Date: February 01, 2010
Signature: 	Bookkeeper



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

Well Name: Kewanee - Gobles 41	Source Pool: Gobles
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 01, 2010
Signature:	Bookkeeper

Annual Report of Monthly **Injection** for the year 2009

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 657-4050
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London, Ontario N6K 4G6	

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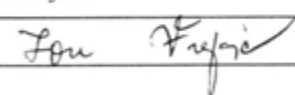
Well Name: Imperial Kewanee - Gobles 45	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 3 Lot 7 Concession 1	Fluid Type:
Well Licence #: 1719	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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 01, 2010
Signature: 	Bookkeeper

Annual Report of Monthly **Injection** for the year 2009

Form 6 To: the Minister of Natural Resources 519 519 2008-01-01

Operator: <u>J. A. BIRNIE OIL</u>	Tel. # <u>882-0230</u> Fax # <u>852-3363</u>
Address <u>Box 10 PETROU.A. LWT</u>	
<u>NOV 1 RD</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.

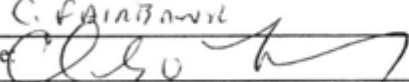
Well Name: <u>MORNINGSTAR</u>	Source Pool: <u>OIL SPRINGS</u>
Township: <u>ENNISKILLEN</u>	Source Formation: <u>DEVONIAN</u>
Tract Lot <u>II</u> Concession <u>19</u>	Injection Fluid Type: <u>PRODUCED WATER</u>
Well Licence #:	Injection Formation: <u>DEVONIAN</u>
Well Status - Mode*:	Injection Pool: <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
Jan			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Oct			
Nov			
Dec			
Total	<u>150</u>	<u>200 p.s.i.</u>	<u>30</u>

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

Name: <u>C. FAIBANIK</u>	Date: <u>Feb 14 / 2010</u>
Signature: 	



Ministry of Natural Resources
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act
Annual Report of Monthly Injection
For the year 2009

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

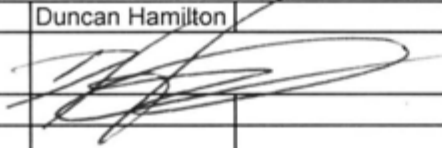
Well Name: Rodney South Unit Source Pool: Rodney Unit 3, Rodney South Unit
Township: Aldborough Source Formation: Dundee
Tract Lot D Concession VII Fluid Type: Recovered formation and injection waters
Well Licence # Injection Formation: Dundee
Well Status - Mode*: Injection Pool: Rodney South Unit
Injection Permit #2008-1

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

Description of fluid treatment prior to injection: Filtration

Month	Volume Injected (m3)	Average Daily Injection Pressure kPag	Days on Injection	Injection Rate (m3/day)
January	126.4	1,379	17	7.4
February	-	-	0	-
March	-	-	0	-
April	19.2	1,724	18	1.1
May	17.5	1,336	24	0.7
June	1.9	862	6	0.3
July	0.2	1,090	1	0.2
August	-	-	0	-
September	86.0	1,020	17	5.1
October	73.9	1,034	24	3.1
November	51.1	1,034	21	2.4
December	129.7	1,025	31	4.2
Total	506.0		159	

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

Name: Duncan Hamilton Date: 5-Feb-10
Signature:  Position Held: President



Ministry of Natural Resources
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act
Annual Report of Monthly Injection
For the year 2009

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	2,726.0	1,053	31	87.9
February	2,267.0	667	28	81.0
March	2,982.2	701	31	137.1
April	3,215.0	835	30	107.2
May	3,693.0	1,051	31	119.1
June	2,604.0	1,655	30	86.8
July	3,723.0	1,598	31	120.1
August	3,617.0	794	31	116.7
September	3,324.0	1,618	30	110.8
October	3,495.7	1,542	31	112.8
November	3,100.8	1,687	30	103.4
December	4,808.6	1,403	31	155.1
Total	39,556.3		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: 5-Feb-10

Signature: Position Held: President



Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the Year 2009

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator	Liberty Oil & Gas Ltd.	Tel. # (403) 229-2968 Fax # (403) 229-2978
Address	Suite 209, 1324 – 11 th Avenue 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 7-5-V E (Dover East)
Township: Dover	Source Formation: Ordovician – Trenton & Black R.
Tract 3 Lot 6 Concession IV E	Injection Fluid Type: Formation Water (Brine)
Well Licence No. : T007802	Injection Formation: Ordovician – Black River
Well Status - Mode* : INJ - Active	Injection Pool: Dover 7-5-V E (Dover East)
Injection Permit No. : 2007-1	

* As of Dec. 31 - active, suspended, abandoned, 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	184.34	0	4
Feb	188.51	0	3
Mar	244.75	0	5
April	205.75	0	4
May	134.84	0	3
June	173.74	0	4
July	167.67	0	3
Aug	130.78	0	3
Sep	141.77	0	3
Oct	154.19	0	3
Nov	163.47	0	4
Dec	118.93	0	3
Total	2008.74	0	42

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

Morley Salmon
Name (print)

Signature

Liberty Oil & Gas Ltd.
Company

Director
Title

12 / 02 / 2010
Date (day/month/year)

Annual Report of Monthly Injection for the year 2009

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.

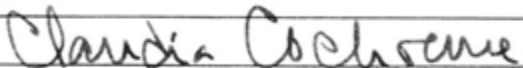
Well Name: Bluewater etal Plympton 3-20-VI	Source Pool: Plympton 5-19-VI
Township: Plympton	Source Formation: Guelph
Tract 3 Lot 20 Concession VI	Fluid Type: Formation brine
Well Licence #: 5393	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool: Plympton 5-19-VI
Injection Permit #: 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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	599.4	0	31	19.34
Feb	862.7	0	28	30.81
Mar	981.3	0	31	31.65
April	921.5	0	30	30.72
May	562.7	0	31	18.15
June	860.7	0	30	28.69
July	815.3	0	31	26.3
Aug	864.5	0	31	27.89
Sept	537.5	0	30	17.92
Oct	869.4	0	31	28.05
Nov	836.0	0	30	27.87
Dec	503.5	0	31	16.24
Total	9,214.5			

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

Name: Claudia Cochrane	Date: February 2, 2010
Signature: 	

Annual Report of Monthly Injection for the year 2009

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.

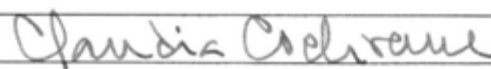
Well Name: Bluewater etal Plympton 3-20-V1	Source Pool: Plympton 5-19-V1
Township: Plympton	Source Formation: Guelph
Tract 3 — Lot 20 — Concession VI	Fluid Type: Formation brine
Well Licence #: 5393	Injection Formation: Guelph
Well Status – Mode*: Active	Injection Pool: Plympton 5-19-V1
Injection Permit #: 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	599.4	0	31	19.34
Feb	862.7	0	28	30.81
Mar	981.3	0	31	31.65
April	921.5	0	30	30.72
May	562.7	0	31	18.15
June	860.7	0	30	28.69
July	815.3	0	31	26.3
Aug	864.5	0	31	27.89
Sept	537.5	0	30	17.92
Oct	869.4	0	31	28.05
Nov	836.0	0	30	27.87
Dec	503.5	0	31	16.24
Total	9,214.5			

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

Name: Claudia Cochrane	Date: February 2, 2010
Signature: 	



Oil, Gas and Salt Resources Act
Annual Report of Monthly Injection
 For the year 2009

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	25,139	500 to 3200	31	810.9
Feb	22,099	500 to 3200	28	789.3
Mar	22,688	800 to 3100	31	731.9
April	17,078	500 to 3100	30	569.3
May	18,483	500 to 3000	31	596.2
June	17,468	500 to 3000	30	582.3
July	17,803	900 to 3100	31	574.3
Aug	20,965	300 to 3100	31	676.3
Sept	22,783	600 to 3000	30	759.4
Oct	21,393	500 to 3000	31	690.1
Nov	24,585	450 to 3050	30	819.5
Dec	23,620	500 to 3100	31	761.9
Total	254,104	-		

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-10
Signature:	Position Held: Manager, Ontario Operations



Annual Report of Monthly **Injection** for the year 2009

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	1076.0	0	31	34.71
Feb	654.1	0	28	23.36
Mar	0	0	0	0
April	0	0	0	0
May	1406.7	0	31	45.38
June	1260.1	0	30	42.00
July	1014.3	0	31	32.72
Aug	770.1	0	31	24.84
Sep	1086.8	0	30	36.23
Oct	980.3	0	31	31.62
Nov	1263.0	0	30	42.10
Dec	842.8	0	31	27.19
Total	10,354.2			

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 2, 2010
Signature:	



Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the Year 2009

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator	Torque Energy Inc.	Tel. # (519) 433-7710	Fax # (519) 433-7588
Address Suite 100, 360 Queens Avenue, 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
Lot Concession	Injection Fluid Type
Well Licence No.	Injection Formation
Well Status - Mode*	Injection Pool
Injection Permit No.	

* As of Dec. 31 - active, suspended, abandoned, potential

Description of fluid treatment prior to injection

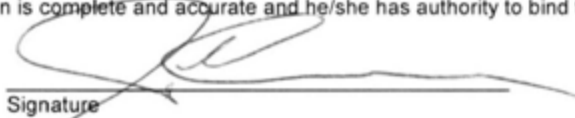
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	NIL REPORT		
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

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

John F. Cowan
Name (print)

Torque Energy Inc.
Company

12 / 02 / 2010
Date (day/month/year)


Signature

Director
Title

