



Annual Report of Monthly Injection

For the Year 2010

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator: LONNIE BARNES	Tel. # 519-834-2339 Fax #519-834-2155
Address: BOX 242, OIL SPRINGS, ON NON 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'
Lot 18 Concession 1 & 2	Injection Fluid Type: FRESH WATER
Well Licence No.: SEE ATTACHED LIST	Injection Formation: DETROIT RIVER GROUP
Well Status - Mode*: ACT	Injection Pool: OIL SPRINGS POOL IN PARTS OF
Injection Permit No.: 2009-1	LOT 18, CON 1 & 2, ENNISKILLEN TOWNSHIP

* As of Dec. 31 - active, suspended, abandoned, 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	5756.92 (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 information provided herein is complete and accurate and he/she has authority to bind the operator.

DONNA BARNES
Name (print)

Donna Barnes
Signature

BARNES OIL SPRINGS
Company

BOOKEEPER
Title

12/01/11
Date (day/month/year)

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 2010

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.

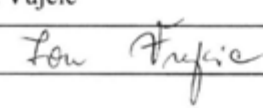
Well Name: Kewanee - Gobles 41	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 7 Lot 16 Concession 1	Fluid Type:
Well Licence #: 1909	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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, 2011
Signature: 	Bookkeeper



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Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 657-4050
Address P.O. Box 20109, 431 Boler Rd	
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: 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, 2011
Signature: <i>Lou Vujcic</i>	Bookkeeper

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Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304	Fax # (519) 657-4050
Address P.O. Box 20109, 431 Boler Rd		
London, Ontario N6K 4G6		

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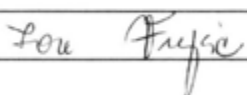
Well Name: Kewanee Gobles 24	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 18 Concession 1	Fluid Type:
Well Licence #: 1492	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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	↓	↓	↓	↓

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, 2011
Signature: 	Bookkeeper



Annual Report of Monthly **Injection** for the year 2010

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4050
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: 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 Vujcic	Date: February 01, 2011
Signature:	Bookkeeper

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London, Ontario N6K 4G6	

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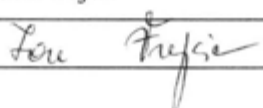
Well Name: Robert McMaster & Sons – Gobles 7	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 3 Lot 19 Concession 1	Fluid Type:
Well Licence #: 1025	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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	↓	↓	↓	↓

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 01, 2011
Signature: 	Bookkeeper



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Address P.O. Box 20109, 431 Boler Rd	
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, 2011
Signature:	Bookkeeper



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Address P.O. Box 20109, 431 Boler Rd		
London, Ontario N6K 4G6		

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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, 2011
Signature: <i>Lou Vujcic</i>	Bookkeeper

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London, Ontario N6k 4g6	

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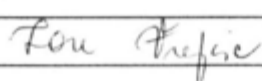
Well Name: Imperial Union Grand Bend #2	Source Pool: Grand Bend	
Township: McGillivray	Source Formation: Guelph	
Tract Lot 41 Concession NB	Fluid Type: Salt water	
Well Licence #: F011756	Injection Formation: Guelph	
Well Status - Mode*: Active	Injection Pool:	
Injection Permit #:		

* 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	902	-0-	31	29.10
Feb	839	-0-	28	29.96
Mar	845	-0-	31	27.26
April	670	-0-	30	22.33
May	526	-0-	31	16.97
June	463	-0-	30	15.43
July	465	-0-	0	15.00
Aug	388	-0-	31	12.52
Sep	321	-0-	30	10.70
Oct	388	-0-	31	12.52
Nov	334	-0-	30	11.13
Dec	351	-0-	31	11.32
Total	6,492		365	17.79

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, 2011
Signature: 	Bookkeeper

Annual Report of Monthly **Injection** for the year 2010

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	

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

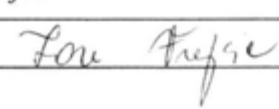
Well Name: Imperial Union Grand Bend #6	Source Pool: Grand Bend	
Township: McGillivray	Source Formation: Guelph	
Tract Lot 41 Concession NB	Fluid Type: Salt water	
Well Licence #: 1063	Injection Formation: Guelph	
Well Status - Mode*: Active	Injection Pool:	
Injection Permit #:		

* 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	1,394	-0-	31	44.97
Feb	1,389	-0-	28	49.61
Mar	1,880	-0-	31	60.65
April	1,719	-0-	30	57.30
May	1,474	-0-	31	47.55
June	1,277	-0-	30	42.57
July	1,174	-0-	31	37.87
Aug	1,314	-0-	31	42.39
Sep	1,194	-0-	30	39.80
Oct	1,499	-0-	31	48.35
Nov	1,403	-0-	30	46.77
Dec	1,466	-0-	31	47.29
Total	17,183		365	47.08

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, 2011
Signature: 	Bookkeeper



Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the Year 2010

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator <u>FAIRBANK OIL</u>	Tel. # <u>882-0230</u> Fax # <u>882-3363</u>
Address <u>Box 10, PETROLIA, ONT.</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>KNOWLESVILLE</u>	Source Formation <u>DEVONIAN</u>
Lot <u>Concession</u>	Injection Fluid Type <u>PRODUCED WATER</u>
Well Licence No.	Injection Formation <u>DEVONIAN</u>
Well Status - Mode*	Injection Pool <u>OIL SPRINGS</u>
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			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Oct			
Nov			
Dec			
Total	<u>75</u>	<u>200 p.s.i.</u>	<u>15</u>

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

C.O. FAIRBANK
Name (print)

Signature

FAIRBANK OIL
Company

Title

FEB 13 / 11
Date (day/month/year)

Annual Report of Monthly Injection

for the year 2010

Form 6 To: the Minister of Natural Resources

Operator: FAIRBANK OIL	Tel. #	Fax #
Address: BOX 10, PETROBRAS, ONT. N0W 1R0	892-0230	892-3363

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.

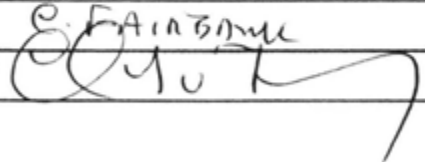
Well Name: MORNING STAR	Source Pool: OIL SPRINGS
Township: CUNNINGHAM	Source Formation: DOMINION
Tract Lot II Concession 19	Fluid Type: PRODUCTION WATER
Well Licence #:	Injection Formation: DOMINION (DETACHED)
Well Status - Mode*:	Injection Pool: OIL SPRINGS
Injection Permit #:	

* 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	75	200 p.s.i.	15	

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

Name: S. FAIRBANK	Date: APR 13, 2011
Signature: 	



Ministry of Natural Resources / Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection
For the year 2010

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	100.5	1,034	31	3.2
February	101.5	1,034	28	3.6
March	149.5	1,034	31	4.8
April	116.8	1,034	30	3.9
May	75.8	985	29	2.5
June	81.7	1,089	30	2.7
July	16.3	1,367	6	2.7
August	-	-	0	-
September	15.6	1,172	4	3.9
October	80.0	1,174	31	2.6
November	203.5	1,177	30	6.8
December	3.9	1,172	2	0.1
Total	945.1		252	

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-11

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 2010

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	9,038.4	1,379	31	291.6
February	8,131.6	1,379	28	290.4
March	8,207.9	1,724	31	264.8
April	8,462.2	1,545	30	282.1
May	8,663.5	1,642	31	279.5
June	8,745.5	1,650	30	291.5
July	6,097.3	1,535	23	265.1
August	8,050.3	1,820	28	287.5
September	7,770.6	1,744	30	258.7
October	5,595.3	1,827	22	254.3
November	6,736.4	1,882	27	249.5
December	5,826.2	1,359	21	277.4
Total	91,325.2		332	

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-11

Signature:  Position Held: President



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

For the Year 2010

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	259.49	0	5
Feb	156.41	0	3
Mar	206.85	0	5
April	161.64	0	4
May	150.51	0	4
June	116.87	0	3
July	198.64	0	5
Aug	120.97	0	3
Sep	153.77	0	4
Oct	139.01	0	3
Nov	92.93	0	2
Dec	140.25	0	3
Total	1897.34	0	44

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

14 / 02 / 2011
 Date (day/month/year)



Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the Year 2010

Form 6

To the Minister of Natural Resources

v.2009-05-31

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	Injection Fluid Type : Formation brine
Well Licence No. T005393	Injection Formation : Guelph
Well Status - Mode* : Active	Injection Pool : Plympton 5-19-VI
Injection Permit No. : 2001-1	

* As of Dec. 31 - active, suspended, abandoned, 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
Jan	503.84	0	19
Feb	783.81	0	26
Mar	757.99	0	29
April	290.74	0	11
May	467.80	0	18
June	821.94	0	30
July	842.33	0	31
Aug	759.30	0	28
Sep	792.83	0	30
Oct	880.96	0	31
Nov	842.05	0	30
Dec	685.03	0	24
Total	8,428.63	0	307

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

Claudia Cochrane
Name (print)

Signature

Pintail Production Inc.
Company

Secretary
Title

February 15, 2011
Date (day/month/year)



Oil, Gas and Salt Resources Act
**Annual Report of
 Monthly Injection**
For the Year 2010

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator: Reef Resources Ltd.	Tel. # 403-251-9447 Fax #403-251-9553
Mailing address PO Box 21046, Calgary, AB, T2P 4H5	

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 #1 and Ausable #4	Source Pool: Ausable Unit
Township: Stephen	Source Formation: Guelph
Lot: 11 Concession: XXII	Injection Fluid Type: natural gas
Well Licence No. 8842 & 11225	Injection Formation: Guelph
Well Status - Mode* ACT	Injection Pool: Ausable Unit
Injection Permit No. 2003-1	

* 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			0
Feb			0
Mar			0
April			0
May			0
June	8.6	1,700 kPa	2
July	10.2	1,700 kPa	0
Aug	7.0	1,700 kPa	1.5
Sep	0	0	0
Oct	46.9	1,900 kPa	11
Nov	50	1,800 kPa	19
Dec	43.7	1,900 kPa	21
Total			52.5

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

Arnie Hansen _____
 Name (print) Signature 

Reef Resources Ltd. _____
 Company President & CEO Title

January 26, 2011 _____
 Date (day/month/year)



Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the Year 2010

Form 6

To the Minister of Natural Resources

v.2009-05-31

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, Provident Energy Ltd.
Township : Enniskillen	Source Formation : Salina B Salt
Lot 31 Concession XIV	Injection Fluid Type : Cavern-washing brine
Well Licence No. T008571	Injection Formation : Guelph
Well Status - Mode* : Active	Injection Pool : Wanstead
Injection Permit No. : 2001-2	

* As of Dec. 31 - active, suspended, abandoned, 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
Jan	246.59	0	30
Feb	1,190.65	0	25
Mar	1,447.58	0	31
April	1,325.79	0	12
May	619.10	0	31
June	675.22	0	30
July	1,354.25	0	31
Aug	1,793.06	0	31
Sep	1,568.09	0	30
Oct	1,553.30	0	31
Nov	1,721.51	0	30
Dec	1,164.10	0	27
Total	14,659.24	0	339

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

Claudia Cochrane
Name (print)

Claudia Cochrane
Signature

Roth & Roth Limited
Company

Secretary
Title

February 15, 2011
Date (day/month/year)



Oil, Gas and Salt Resources Act
Annual Report of Monthly Injection
For the year 2010

Form 6 To: the Minister of Natural Resources

Operator: TAQA North Ltd.	Tel. # 878-1006	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	19,988	500 to 3200	31	644.8
Feb	15,013	500 to 3200	28	536.2
Mar	17,408	800 to 3100	31	561.5
April	14,754	500 to 3100	30	491.8
May	15,946	500 to 3000	31	514.4
June	15,114	500 to 3000	30	503.8
July	15,116	900 to 3100	31	487.6
Aug	14,736	300 to 3100	31	475.4
Sept	15,720	600 to 3000	30	524.0
Oct	15,034	500 to 3000	31	485.0
Nov	15,519	450 to 3050	30	517.3
Dec	15,494	500 to 3100	31	499.8
Total	189,842			

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

Name: Jim McIntosh	DATE: Feb 15, 2011
Signature:	Position Held: Engineering Consultant



Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the Year 2010

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
Well Licence No.	Injection Fluid Type
Well Status - Mode*	Injection Formation
Injection Permit No.	Injection Pool

* 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.

David C. Nelms
Name (print)

Signature

Torque Energy Inc.
Company

CFO
Title

14 / 02 / 2011
Date (day/month/year)

