

Annual Report of Monthly Injection

For the Year 2011

Form 6	To the Minister of Natural Res	sources	v.2009-05-31
Operator : Roth & Roth Limited		Tel. # 519-472-1542	Fax # 519-472-9434
Address : 22687 Jury Road, R.R. #3 Ko	omoka, 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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	1,809.59	0	31
Feb	1,496.23	0	28
Mar	1,106.71	0	31
April	969.66	0	30
May	1,332.63	0	31
June	1,601.95	0	30
July	1,292.88	0	27
Aug	1,516.89	0	30
Sep	1,695.44	0	30
Oct	1,640.27	0	31
Nov	1,688.12	0	30
Dec	1,711.97	0	31
Total	17,862.35	0	360



The undersigned certifies that the information provided	herein is co	omplete a	and accurate	e and I	he/she	has authority	to bind the	operator.
	0	Λ.	. ^	`	Λ			

Claudia Cochrane Name (print)	Signature Coch rand
Roth & Roth Limited Company	Secretary Title
February 15, 2012	

Date (day/month/year)



Annual Report of Monthly Injection

For the Year 2011

Form 6	To the Minister of Natural Res	sources	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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	906.49	0	31
Feb	530.30	0	20
Mar	875.34	0	31
April	653.00	0	24
May	844.38	0	31
June	784.94	0	28
July	879.12	0	31
Aug	836.10	0	29
Sep	864.82	0	30
Oct	935.58	0	31
Nov	866.41	0	30
Dec	915.38	0	31
Total	9,891.86	0	347

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	's chrane
Pintail Production Inc. Company	Secretary Title	
February 15, 2012		

Ministr	,	+					
- Natura	I Richesses						
- Ontario	nees maiorenes						
		O'll Con and Coll D					
		Oil, Gas and Salt R					
	Annua	al Report of Monthly In					
		For the year	2011	-			
Form 6	To: the Minister	of Natural Resources					
Operator:	ON-ENERGY CO	ORP.	Tel.#	519-657-21	151	Fax#	519-657-4296
Address:		ners Rd. W., Unit D, L					
	London, ON N6						
		T					
Well Name:	Rodney South U	Init	Source Pool:			Rodney Unit 3, Rodr	nev South Unit
Township:	Aldborough	T	Source Formation	1:		Dundee	
Tract	Lot D	Concession VII	Fluid Type:	Ï			and injection waters
Well Licence #		CONTOCOCION VII	Injection Formation	on:		Dundee	and injudion water
Well Status - M			Injection Pool:	1		Rodney South Unit	
Injection Permi			injection Fooi.			rodney South Offic	
		d abandanad tastin	notontial				
As of Dec 31	- Active, suspende	ed, abandoned, testing	g, potentiai				
Description of f	haid too oten out out o	- to Inlantion:	Filterian				
Description of t	luid treatment prio	r to injection:	Filtration				
Month	Volume	Average Daily	Days on				
	Injected (m3)	Injection Pressure	Injection		Ir	njection Rate (m3/day	y)
		kPag				,	ĺ
January		-	0			-	
February			0			-	
March			0				
April		-	0				
May	-	-	0				
June	<u> </u>	· .	0				
July		 	0				
August	-	+	0			- :	
	_						
September	-	<u> </u>	0			-	
October	-		0				
November			0			-	
December	-		0			-	
Total	-		-				
	. /						
The undersigne	ed certifies that the	above information is	complete and acc	urate and he	e/she has a	uthority to bind the o	perator.
Name:	Jane Lowrie	Y	Date:		13-Feb-12		
	17/1/6	oute					
Signature:	VC // 10		Position Held:	President			
	′ /						



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- Ontario Resor	urces naturelles					
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	Annual	Oil, Gas and Salt R				
	Annuai	Report of Monthly Ir			-	
		For the year	2011			
Form 6	To: the Minister of	L f Natural Resources				
Operator:	ON-ENERGY CO		Tel. #	519-657-2151	Fax #	519-657-4296
Address:		ers Rd. W., Unit D, L			rax #	319-037-4290
1001033.	Job Commissione	13 1\d. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	1	7		
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	n:	Dundee	
Well Status - M	Node*:		Injection Pool:		Rodney R & R Unit 3	3
njection Permi						
		, abandoned, testing	g, potential			
	fluid treatment prior	to injection:				
No Treatment	t					
	1					
Month	Volume	Average Daily	Days on			
	Injected (m3)	Injection Pressure	Injection		Injection Rate (m3/day	y)
		kPag				
January	-	-				
February	-					
March	704.0	- 1070	40		44.0	
April	701.0	1,379	16		44.0	
May	1,393.0	1,379	31		45.0	
June	1,376.0	1,379	30		46.0	
July	1,236.0	1,379	31		41.0	
August	736.0	1,379	31		25.0	
September	240.0	1,379	17		14.0	
October	93.0 233.0	1,379	9		10.0	
November December	398.0	1,379 1,379	27	-	11.0	
		1,3/9	213		15.0	
Total	6,406.0		213		-	
Total	1	/ 				
Total						
Total	/	 				1
	ad cartifies that the	phove information is	complete and accu	rate and ha/eho h	nas authority to hind th	ne operator
The undersigne		above information is			has authority to bind the	ne operator.
Total The undersigne Name:	ed certifies that the a	above information is	complete and accu	rate and he/she h		ne operator.
The undersign	Jane Lowne	above information is				ne operator.





Annual Report of Monthly Injection

For the Year 2011

Form 6	To the Minister of Natural Res	ources v.2009	-05-31
Operator	Liberty Oil & Gas Ltd.	Tel. # (403) 229-2968 Fax # (403) 229-297	8
Address	Suite 209, 1324 - 11 th Avenue SW, Calgary, AB T3	C 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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	284.66	0	6.00
Feb	299.27	0	6.00
Mar	293.47	0	5.00
April	218.02	0	5.00
May	273.90	0	6.00
June	228.36	0	5.00
July	216.65	0	6.00
Aug	295.40	0	7.00
Sep	317.25	0	7.00
Oct	250.85	0	6.00
Nov	258.66	0	7.00
Dec	245.48	0	5.00
Total	3181.97	0	71.00

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	
15 / 02 / 2012 Date (day/month/year)	



Annual Report of Monthly **Injection** for the year _____2011

Form 6 T	o: the	Minister of	of Natural	Resources
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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	

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 #:		

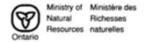
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	278	-0-	31	8.98
Feb	278	-0-	. 28	9.92
Mar	542	-0-	31	17.48
April	473	-0-	30	15.77
May	509	-0-	31	16.43
June	488	-0-	30	16.26
July	395	-0-	0	12.75
Aug	437	-0-	31	14.10
Sep	413	-0-	30	13.78
Oct	248	-0-	31	8.01
Nov	450	-0-	30	15.00
Dec	365	-0-	31	11.77
Total	4,875		365	13.36
	· · · · · · · · · · · · · · · · · · ·			

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, 2012
Signature: Husca Arasa	Bookkeeper
1	



Annual Report of Monthly **Injection** for the year 2011

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 #:		

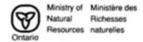
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	
	i i

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	784	-0-	31	25.29
Feb	803	-0-	28	28.68
Mar	647	-0-	31	20.87
April	811	-0-	30	27.03
May	1,341	-0-	31	43.26
June	1,325	-0-	30	44.17
July	1,267	-0-	31	40.87
Aug	1,382	-0-	31	44.58
Sep	1,220	-0-	30	40.66
Oct	822	-0-	31	26.53
Nov	1,467	-0-	30	48.90
Dec	1,329	-0-	31	42.86
Total	13,198		365	36.16

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, 2012
Signature: Fow they	Bookkeeper



June
July
Aug
Sep
Oct
Nov
Dec
Total

Oil, Gas and Salt Resources Act

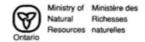
Annual Report of Monthly **Injection** for the year 2011

Form 6	To: the Min	ister of Natura	al Resources				
Operator:	Cameron Petroleum	n Inc	Tel.	# (519) 657-	9304 Fa	x # (519) 657-405	0
Address	P.O. Box 20109, 43	31 Boler Rd					
	London, Ontario	N6K 4G6			1		
	n only applies to fluid ion wells must be rep				f space is ins	sufficient attach ac	dditional forms.
Well Nam	ne: Robert McMaster	r & Sons – Go	obles 2	Source Poo	i:	Gobles	
Township	: Blenheim			Source For	mation:		
Tract	Lot 19 C	Concession 1		Fluid Type	:		
Well Lice	ence #: 141			Injection Fo	ormation:		
Well Statu	Well Status - Mode*: Suspended			Injection Po	ool:		
Injection Permit #:							
* As of D	ec. 31 - Active, suspe	ended, abando	oned, testing, pot	tential			
Description	on of fluid treatment	prior to inject	ion:				
							and the second second
Month	Volume Injected (r	1	Average Daily Injection Pressur (kPag at wellhea	re Inj	ys on ection	Injection Rate (m³/day)	
Jan	N	IL	NI	IL	NIL	N	NIL .
Feb							
Mar							
April							
May							

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, 2012

Signature: Fou Fulco Bookkeeper



To: the Minister of Natural Resources

You Angie

Signature:

Annual Report of Monthly **Injection** for the year ____2011_

This form	n only applies to fluid injection wells must be reported and	n for secondary red	covery.	If enace is in	sufficient attach additional fo	rme
	ne: Robert McMaster & Sons	THE RESERVE OF THE PARTY OF THE	Source Po		Gobles	TIIIS.
	: Blenheim		Source Fo			
Tract	Lot 22 Concession	n 1	Fluid Type	e:	,	
Well Lice	ence #: 149		Injection F	Formation:		
Well Stat	us - Mode*: Suspended		Injection F	Pool:		
Injection	Permit #:					
* As of D	ec. 31 - Active, suspended, ab	andoned, testing, po	otential	THE RESERVE TO SHARE		
Description	on of fluid treatment prior to in	njection:				
				-		
-			-			
Month	Volume Injected (m³)	Average Daily	T D	ays on	Injection Rate	
Monui	volume injected (iii)	Injection Pressi			(m³/day)	
		(kPag at wellhe		, contain	(
Jan	NIL		NIL NIL		ŅIL	
Feb						
Mar						
April						
May						
June						
July						
Aug						
Sep						
Oct						
Nov						
Nov Dec				1	1	
	+	1	, ,			

Bookkeeper



Name:

Signature:

Ljubica Vujcic

Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

Annual Report of Monthly **Injection** for the year ____2011_

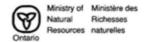
Operator:	Cameron Petroleum		Tel. # (519)	657-9304	Fax # (519) 647	7-4050
Address	P.O. Box 20109, 43					
	London, Ontario N	16K 4G6				
		injection for secondar orted and all injection n		ed. If space	is insufficient atta	ach additional forms.
	e: Robert McMaster	& Sons – Gobles 7		e Pool:	Gobles	
	: Blenheim		Source	e Formation		
Tract 3		Concession 1		Type:		
Well Lice				ion Formatio	on:	
	ıs - Mode*: Suspen	ded	Inject	ion Pool:		
Injection I	Permit #:					
* As of De	ec. 31 - Active, susper	nded, abandoned, testir	ng, potential			
Descriptio	n of fluid treatment p	rior to injection:				
	•	•				
		1				
Month	Volume Injected (m	Average D Injection F (kPag at w	Pressure	Days on Injection	Injection (m³/day)	Rate
Jan	NI		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.

Date:

Bookkeeper

February 01, 2012



Form 6

Name:

Signature:

Lou Vujcic

Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

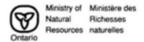
Annual Report of Monthly **Injection** for the year ____2011

	Cameron Petroleum Inc		Tel.	# (519)	657-930	14 Fa	x # (519) 647-40	50
Address	P.O. Box 20109, 431 Boler Ro	d						
	London, Ontario N6K 4G6							
This form All injecti	only applies to fluid injection on wells must be reported and a	for secondar Ill injection n	ry reco nust be	very. reporte	d. If sp	ace is in	sufficient attach a	additional forms.
	ne: McMaster - Gobles 20			Source			Gobles	
	: Blenheim				Format	ion:		
	7 Lot 16 Concession	1		Fluid 7				
Well Lice					on Form			
	us - Mode*: Suspended			Injection	on Pool:			
Injection I								
* As of De	ec. 31 - Active, suspended, aban	doned, testin	ig, pot	ential				
D		-41						
Descriptio	on of fluid treatment prior to inje	ection:			-			
			MARINE MARINE					
Month	Volume Injected (m³)	Average D Injection P (kPag at w	ressur		Days o Injecti		Injection Rate (m³/day)	e
Jan	NIL		NI			NIL		
Feb					1			
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.

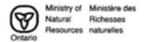
Bookkeeper

February 01, 2012



Annual Report of Monthly **Injection** for the year _____2011_

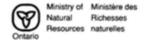
Form 6	To: the Mini	ster of Natu	ıral Resources						
Operator:	Cameron Petroleum	Inc	Tel.	# (519) 6	57-93	04 Fa	x # (519) 657-40)50	
Address	P.O. Box 20109, 43	1 Boler Ro	i						
	London, Ontario N	N6K 4G6							
	only applies to fluid on wells must be rep				d. If s	pace is in	sufficient attach	additional forms.	
Well Nam	e: Kewanee Gobles	24		Source	Pool:		Gobles		
Township	: Blenheim			Source	Forma	tion:			
Tract		oncession	1	Fluid T					
Well Lice				Injectio	_				
	is - Mode*: Susper	nded		Injectio	n Pool	:			
Injection I	Permit #:								
* As of De	ec. 31 - Active, suspe	nded, aban	doned, testing, po	tential					
Descriptio	on of fluid treatment p	orior to inje	ction:						
Month	Volume Injected (m³) Average Dai Injection Pre			Pressure Inje			Injection Rat (m³/day)	Injection Rate (m³/day)	
Ion	NI	17	(kPag at wellhea	IL NIL			NIII		
Jan Feb	N.	ıL	l n	IL	-	NIL	NIL		
					-	+			
Mar					-	+			
April					-	+		1	
May					-	+			
June					-	+			
July				-	-	-			
Aug					-	-			
Sep					-	-		-	
Oct					-	-	_	-	
Nov				\rightarrow	-	+	-		
Dec						1			
Total	*		· •			*		*	
The undersi	gned certifies that the a ou Vujcic	bove inform	nation is complete a	nd accurate		e/she has a		ne operator.	
Signature:	Lou of	all's	,	Bookke	eper				
	Pour of	7			1				



To: the Minister of Natural Resources

Annual Report of Monthly **Injection** for the year ____2011_

	Cameron Petroleum			Tel. # (519) 657-9	304 Fa	x # (519) 657-40	50
Address	P.O. Box 20109, 43		i					
	London, Ontario	N6K 4G6						
	only applies to fluid on wells must be rep				rted. If	space is in	sufficient attach a	additional forms.
Well Nam	e: Kewanee - Gobles	s 41		Sour	ce Pool		Gobles	
Township:	Blenheim			Sour	ce Form	ation:		
Tract 7	7 Lot 16	Concession	1	Fluid	Type:			
Well Licer	nce #: 1909			Injec	tion Fo	mation:		
Well Statu	s - Mode*: Suspen	nded		Injec	tion Po	ol:		
Injection P	Permit #:						4-4777	
* As of De	c. 31 - Active, suspe	ended, aban	doned, testin	g, potential				
Description	n of fluid treatment p	orior to inje	ction:					
					and the same		-	
		1.	T : =				1	
Month	Volume Injected (r	n')	Average D Injection P (kPag at w	ressure	Day		Injection Rate (m³/day)	
Jan	N	IL	(iti ug ut ii	NIL		NIL		NIL
Feb				\neg				
Mar								
April								
May								
June								
July								
Aug	*							
Sep								
Oct								
Nov								
Dec							1	
Total	+	,		+	1	+		+
Name: Lo	gned certifies that the a ou Vujcic	<i>\bullet</i> .		Date	Fel	he/she has a bruary 01, 2		e operator.
Signature:	Low 1	Fufic		Book	keeper	1000		



Name: Lou Vujcic

Signature:

Oil, Gas and Salt Resources Act

Annual Report of Monthly **Injection** for the year ____2011_

Form 6	To: the Minister of N	latural Resources			
Operator	: Cameron Petroleum Inc	Tel	. # (519) 65	7-9304	Fax # (519) 657-4050
Address	P.O. Box 20109, 431 Boler	Rd			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	London, Ontario N6K 4G6	5			
	n only applies to fluid injection wells must be reported and			. If space is	insufficient attach additional forms.
Well Nar	ne: Imperial Kewanee - Goble	s 45	Source P	ool:	Gobles
Township	o: Blenheim		Source F	ormation:	
Tract	3 Lot 7 Concessio	n 1	Fluid Ty	pe:	
Well Lice	ence #: 1719		Injection	Formation:	
Well Stat	us - Mode*: Suspended		Injection	Pool:	
Injection	Permit #:				
* As of D	ec. 31 - Active, suspended, ab	oandoned, testing, po	otential		
Description	on of fluid treatment prior to it	njection:			
			1000		
Month	Volume Injected (m³)	Average Daily Injection Pressu (kPag at wellhe	on Pressure Injection		Injection Rate (m³/day)
Jan	NIL		IIL	NIL	NIL
Feb					
Mar					
April					
May					
June					
July					
Aug					1 2 2
Sep					
Oct					
Nov					(2)
Dec					13 2 3 3 3 3
Total	+	1		+	+
			-		

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

Date:

Bookkeeper

February 01, 2012



Annual Report of Monthly Injection

For the Year 2011

Form 6	o 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 NO	ON 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 (m³)	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	Marie and the second	30
July	246.45	1	31
Aug	246.45		31
Sep	238.50		30
Oct	246.45		31
Nov	238.50		30
Dec	246.45	2	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	Lonna Darnes	
Name (print)	Signature	
BARNES OIL SPRINGS	BOOKEEPER	
Company	Title	9127
25/01/12		
Date (day/month/year)		

INJECTION WELLS BARNES OIL SPRINGS

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 2611

All injection	on wells must be reported and	all injection must be	reported	Links and the	
Well Nar		ı			SPRINGS
Townshi	C/0/01/10/2000				DEVONIAN
Lot	Concession		_		ROTILLOW WATER
Well Lice			_	-	DE G-ON THM
	tus - Mode*		Injecti	on Pool Oth	SPRINGS
	Permit No.				
AS OF DE	ec. 31 - active, suspended, aba	indoned, potential			
Descripti	on of fluid treatment prior to	injection			
2000	on or naid additions prior to	,			
		5.5			
Month	Volume Injected (m ³)	Average Daily		Days on	
Month	Volume Injected (m ³)	Injection Press	sure	Injection	
	Volume Injected (m³)		sure		
Jan	Volume Injected (m ³)	Injection Press	sure		
Jan Feb	Volume Injected (m ³)	Injection Press	sure		
Jan Feb Mar	Volume Injected (m ³)	Injection Press	sure		
Jan Feb Mar April	Volume Injected (m ³)	Injection Press	sure		
Jan Feb Mar April May	Volume Injected (m ³)	Injection Press	sure		
Jan Feb Mar April May June	Volume Injected (m³)	Injection Press	sure		
Jan Feb Mar April May June July	Volume Injected (m³)	Injection Press	sure		
Jan Feb Mar April May June July	Volume Injected (m³)	Injection Press	sure		
Jan Feb Mar April May June July Aug	Volume Injected (m³)	Injection Press	sure		
Jan Feb Mar April May June July	Volume Injected (m³)	Injection Press	sure		
Jan Feb Mar April May June July Aug Sep	Volume Injected (m³)	Injection Press	sure		
Jan Feb Mar April May June July Aug Sep Oct	Volume Injected (m³)	Injection Press	sure		