



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

For the Year 2011

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	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 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, 2012
 Date (day/month/year)



Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the Year 2011

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	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)

Claudia Cochrane
Signature

Pintail Production Inc.
Company

Secretary
Title

February 15, 2012
Date (day/month/year)



Ministry of Natural Resources
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the year 2011

Form 6 To: the Minister of Natural Resources
 Operator: ON-ENERGY CORP. Tel. # 519-657-2151 Fax # 519-657-4296
 Address: 309 Commissioners Rd. W., Unit D, London, ON N6J 1Y4
 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	-	-	0	-
February	-	-	0	-
March	-	-	0	-
April	-	-	0	-
May	-	-	0	-
June	-	-	0	-
July	-	-	0	-
August	-	-	0	-
September	-	-	0	-
October	-	-	0	-
November	-	-	0	-
December	-	-	0	-
Total	-	-	-	-

(Handwritten signature)

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

Name: Jane Lowrie Date: 13-Feb-12
 Signature: *(Handwritten 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 2011

Form 6 To: the Minister of Natural Resources
 Operator: ON-ENERGY CORP. Tel. # 519-657-2151 Fax # 519-657-4296
 Address: 309 Commissioners Rd. W., Unit D, London, ON N6J 1Y4

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	-	-		
February	-	-		
March	-	-		
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	1,379	9	10.0
November	233.0	1,379	21	11.0
December	398.0	1,379	27	15.0
Total	6,406.0		213	

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

Name: Jane Lowrie Date: 13-Feb-12

Signature:  Position Held: President





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

For the Year 2011

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	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

Director
 Title

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



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 #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	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:	Bookkeeper

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.

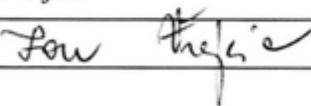
Well Name: Imperial Union Grand Bend #6	Source Pool: Grand Bend
Township: McGillivray	Source Formation: Guelph
Tract Lot 41 Concession NB	Fluid Type: Salt water
Well Licence #: 1063	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: 	Bookkeeper



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: 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, 2012
Signature: <i>Lou Vujcic</i>	Bookkeeper



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: 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 01, 2012
Signature:	Bookkeeper



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) 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: 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, 2012
Signature:	Bookkeeper



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) 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, 2012
Signature:	Bookkeeper



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: 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, 2012
Signature: <i>Lou Vujcic</i>	Bookkeeper



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: 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, 2012
Signature:	Bookkeeper

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.

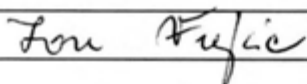
Well Name: Imperial Kewanee - Gobles 45	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 3 Lot 7 Concession 1	Fluid Type:
Well Licence #: 1719	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

* 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, 2012
Signature: 	Bookkeeper



Annual Report of Monthly Injection

For the Year 2011

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

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



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

For the Year 2011

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator <u>FAIRBANK OIL</u>	Tel. # <u>992-0230</u> Fax # <u>832-3363</u>
Address <u>Box 10, PETROWIA</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>
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>50</u>	<u>200 PSI</u>	<u>10</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)
FAIRBANK OIL
 Company
Feb 9/12
 Date (day/month/year)

[Signature]
 Signature

 Title

