



# Annual Report of Monthly Injection

For the Year 2017

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator: LONNIE BARNES	Tel. # 519-834-2339 Fax #
Address: BOX 242, OIL SPRINGS, ON NON 1P0	

***This form only applies to fluid injection for secondary recovery.***

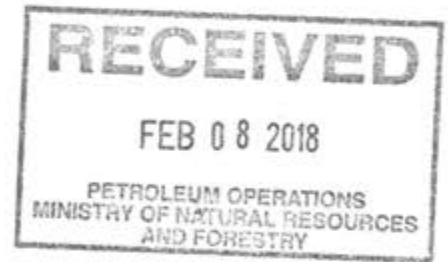
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

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 <sup>3</sup> )	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

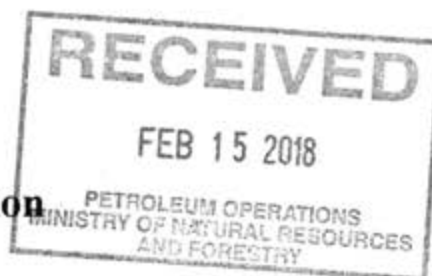
BARNES OIL CO  
Company

BOOKEEPER  
Title

05/02/2018  
Date (day/month/year)



## Annual Report of Monthly Injection for the year 2017



Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 657-3633
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.

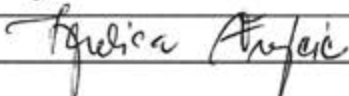
Well Name: Imperial Union Grand Bend #2	Source Pool: Grand Bend
Township: McGillivray	Source Formation: Guelph
Tract Lot 41 Concession NB	Fluid Type: Salt water
Well Licence #: F011756	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

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

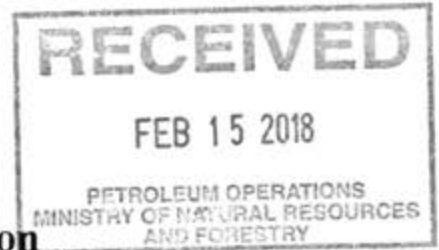
Description of fluid treatment prior to injection:
--

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan				
Feb				
Mar	986		24	31.80
April	1,514		30	50.47
May	164		5	32.80
June				
July				
Aug				
Sep	1,019		30	33.97
Oct	893		23	38.82
Nov	1,036		30	34.53
Dec	1,163		31	37.52
<b>Total</b>	<b>6,775</b>		<b>173</b>	<b>39.16</b>

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 02, 2018
Signature: 	Bookkeeper





## Annual Report of Monthly **Injection** for the year 2017

Form 6 To: the Minister of Natural Resources

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

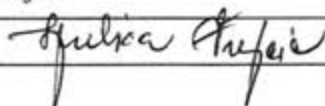
Well Name: Imperial Union Grand Bend #6	Source Pool: Grand Bend
Township: McGillivray	Source Formation: Guelph
Tract Lot 41 Concession NB	Fluid Type: Salt water
Well Licence #: 1063	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:
--

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan				
Feb				
Mar	680		24	28.33
April	654		31	21.10
May	48		5	9.60
June				
July				
Aug				
Sep	1,392		30	46.40
Oct	732		23	31.83
Nov	776		30	25.87
Dec	728		31	23.48
<b>Total</b>	<b>5,010</b>		<b>174</b>	<b>28.79</b>

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 02, 2018
Signature: 	Bookkeeper





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

For the Year 2017



Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator Cameron Petroleum Inc.	Tel. # 519-657-9304	Fax #
Address P.O. Box 20109, 431 Boler Rd, London, ON 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
Lot : 41 Concession NB	Injection Fluid Type: Salt water
Well Licence No. 1063	Injection Formation: Guelph
Well Status - Mode* Active	Injection Pool
Injection Permit No.	

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

Description of fluid treatment prior to injection

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan			
Feb			
Mar	680		24
April	654		31
May	48		5
June			
July			
Aug			
Sep	1,392		30
Oct	732		23
Nov	776		30
Dec	728		31
Total	5,010		174

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

LOU VUJIC  
 Name (print)

*Lou Vujić*  
 Signature

Cameron Petroleum Inc.  
 Company

Bookkeeper  
 Title

Company  
 Date (15/05/18)

Title



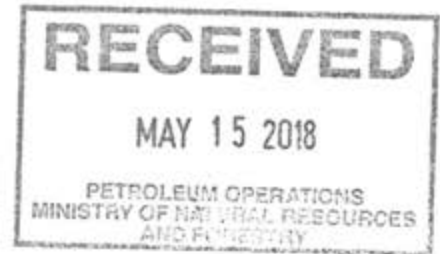




Oil, Gas and Salt Resources Act

**Annual Report of  
Monthly Injection**

**For the Year 2017**



Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator Cameron Petroleum Inc.	Tel. # 519-657-9304	Fax #
Address P.O. Box 20109, 431 Boler Rd, London, ON 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
Lot : 41 Concession NB	Injection Fluid Type: Salt water
Well Licence 11413	Injection Formation: Guelph
Well Status - Mode* Active	Injection Pool
Injection Permit No.	

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

Description of fluid treatment prior to injection

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan			
Feb			
Mar	986		24
April	1,514		30
May	164		5
June			
July			
Aug			
Sep	1,019		30
Oct	893		23
Nov	1,036		30
Dec	1,163		31
Total	6,775		173

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

LOU VUJCIC  
Name (print)

*Lou VuJCic*  
Signature

Cameron Petroleum Inc.  
Company

Bookkeeper  
Title

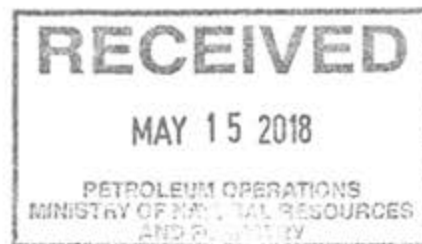
Company  
Date (15/05/18)

Title





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



For the Year 2017

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator Cameron Petroleum Inc.	Tel. #	519-657-9304	Fax #
Address P.O. Box 20109, 431 Boler Rd, London, ON 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
Lot 19 Concession 1	Injection Fluid Type
Well Licence No. 1025	Injection Formation
Well Status - Mode* Suspended	Injection Pool
Injection Permit No.	

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

Description of fluid treatment prior to injection

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

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

LOU VUJIC  
 Name (print)

*Lou Vujić*  
 Signature

Cameron Petroleum Inc.  
 Bookkeeper

Company  
 Date (15/05/18) Title





Oil, Gas and Salt Resources Act  
**Annual Report of  
 Monthly Injection**  
 For the Year 2017



Form 6 To the Minister of Natural Resources v.2009-05-31

Operator Cameron Petroleum Inc.	Tel. # 519 657 9304	Fax #
Address P.O. Box 20109, 431 Boler Rd, London, ON 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
Lot 22 Concession 1	Injection Fluid Type
Well Licence No. 149	Injection Formation
Well Status - Mode* Suspended	Injection Pool
Injection Permit No.	

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

Description of fluid treatment prior to injection

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

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

Lou Vučić  
 Name (print)  
 Cameron Petroleum Inc  
 Company

Signature  
 Bookkeeper  
 Title

15/05/2018  
 Date (day/month/year)





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



For the Year 2017

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator Cameron Petroleum Inc.	Tel. #	519-657-9304	Fax #
Address P.O. Box 20109, 431 Boler Rd, London, ON 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
Lot 19 Concession 1	Injection Fluid Type
Well Licence No. 141	Injection Formation
Well Status - Mode* Suspended	Injection Pool
Injection Permit No.	

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

Description of fluid treatment prior to injection

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Oct			
Nov			
Dec			
<b>Total</b>	Nil	Nil	Nil

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

LOU VUJIC  
 Name (print)

*Lou VuJic*  
 Signature

Cameron Petroleum Inc.  
 Bookkeeper

Company  
 Date (15/05/18) Title

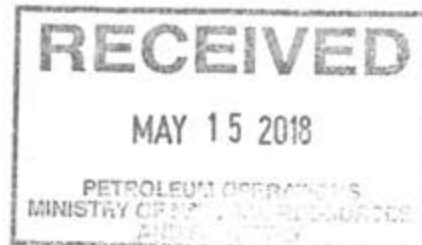






Oil, Gas and Salt Resources Act  
**Annual Report of  
 Monthly Injection**

For the Year 2017



Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator Cameron Petroleum Inc.	Tel. #	519-657-9304	Fax #
Address P.O. Box 20109, 431 Boler Rd, London, ON 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 20	Source Pool Gobles
Township Blenheim	Source Formation
Lot 16 Concession 1	Injection Fluid Type
Well Licence No. 1287	Injection Formation
Well Status - Mode* Suspended	Injection Pool
Injection Permit No.	

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

Description of fluid treatment prior to injection

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

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

LOU VUJCIC  
 Name (print)

[Signature]  
 Signature

Cameron Petroleum Inc.  
 Company

Bookkeeper  
 Title

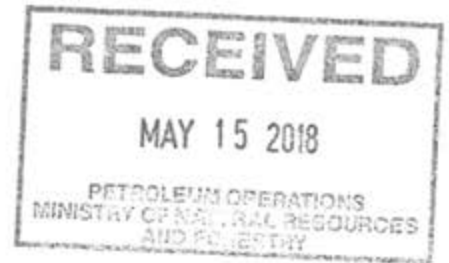
Company  
 Date (15/05/18)

Title





Oil, Gas and Salt Resources Act  
**Annual Subsurface  
 Oil Field Fluid Disposal Report**



For the Year 2017

Form 9 To the Minister of Natural Resources v.2009-05-31

Operator Cameron Petroleum Inc.	Tel. # 519 657 9304	Fax #
Address P.O. Box 20109, 431 Boler rd, London, ON N5K 4G6		

Well Name Rayrock Bow Valley Disposal #1	Source Pool
Township Blenheim	Source Formation
Lot 21 Concession 1	Disposal Formation
Well Licence No. 2480	
Well Status - Mode* Active	

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

Fluid accepted from other operators?  Yes  No If yes, attach list of operators from whom fluids were accepted and quantity received per month on a separate sheet.

Month	Volume Disposed (m <sup>3</sup> )	Average Daily Injection Pressure kPag	Days on Disposal	Comments – i.e. workovers, treatments, etc.
Jan				
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total				
Cum. Total**	Nil	Nil	Nil	

\*\*Cumulative volume disposed since the well was first activated.

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

Lou Vujcic  
Name (print)

*Lou Vujcic*  
Signature

Cameron Petroleum Inc.  
Company

Bookkeeper  
Title

15/05/18

Date (day/month/year)





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

For the Year 2017

Form 6 To the Minister of Natural Resources v.2009-05-31

Operator <u>CHARLES FAIRBANK OIL PROPERTIES LTD</u>	Tel. # <u>519-382-0235</u> Fax #
Address <u>394 STATION STREET, PETROLIA, ONT N0N 1R0</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.

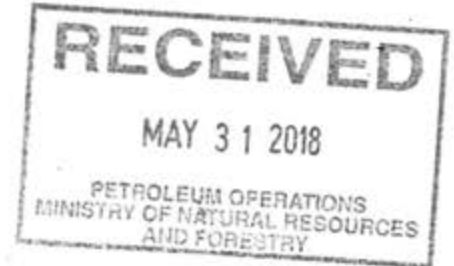
Well Name <u>MORNING STAR WELLS #22 3-19-11</u>	Source Pool <u>OIL SPRINGS</u>
Township <u>EMMISKILLEN</u>	Source Formation <u>DUNDÉE</u>
Lot <u>19</u> Concession <u>II</u>	Injection Fluid Type <u>OIL FIELD BRINE</u>
Well Licence No. <u>T011106</u>	Injection Formation <u>DUNDÉE</u>
Well Status - Mode* <u>SUSPENDED</u>	Injection Pool
Injection Permit No.	

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

Description of fluid treatment prior to injection

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Oct			
Nov			
Dec			
Total	<u>0</u>		

System needs  
 REPAIR.



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

CHARLES FAIRBANK  
 Name (print)  
FAIRBANK OIL  
 Company  
23/05/18  
 Date (day/month/year)

Charles Fairbank  
 Signature  
PRESIDENT  
 Title





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

For the Year 2017

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator <u>CHARLES FAIRBANK OIL PROPERTIES</u>	Tel. # <u>519-822-0234</u>	Fax #
Address <u>394 STATION ST., PETROLIA, ONT. N0N 1R0</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.

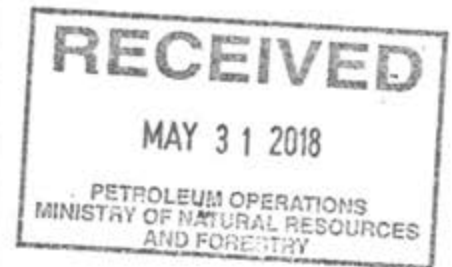
Well Name <u>MORNINGSIDE ENR 429 F-19-11</u>	Source Pool <u>OIL SPRINGS</u>
Township <u>ENNISKILLEN</u>	Source Formation <u>DUNDEE</u>
Lot <u>Concession</u>	Injection Fluid Type <u>OIL FIELD BRINE</u>
Well Licence No. <u>T01112</u>	Injection Formation <u>DUNDEE</u>
Well Status - Mode* <u>SUSPENDED</u>	Injection Pool <u>"</u>
Injection Permit No.	

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

Description of fluid treatment prior to injection

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Oct			
Nov			
Dec			
Total	<u>0</u>		

REPAIRS NECESSARY



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

CHARLES FAIRBANK  
 Name (print)  
FAIRBANK OIL  
 Company  
23/05/18  
 Date (day/month/year)

Charles Fairbank  
 Signature  
PRESIDENT  
 Title







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

For the Year 2017

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator <u>CHARLES FAIRBANK OIL PROPERTIES LTD</u>	Tel. # <u>519-882-0230</u> Fax #
Address <u>394 STATION STREET, PETROLIA, ONT N0M 1R0</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>MORDINSSAR EAST #21 5-19-11</u>	Source Pool <u>OIL SPRINGS</u>
Township <u>ENNISKILLEN</u>	Source Formation <u>DUNDEE</u>
Lot <u>Concession</u>	Injection Fluid Type <u>OIL FIELD BRINE</u>
Well Licence No. <u>T01110</u>	Injection Formation <u>DUNDEE</u>
Well Status - Mode* <u>SUSPENDED</u>	Injection Pool <u>"</u>
Injection Permit No.	

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

Description of fluid treatment prior to injection

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Oct			
Nov			
Dec			
Total	<u>0</u>		

REPAIRS TO SYSTEM  
NECESSARY



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

CHARLES FAIRBANK  
Name (print)

[Signature]  
Signature

FAIRBANK OIL  
Company

PRESIDENT  
Title

23/05/18  
Date (day/month/year)





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

For the Year 2017

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator <u>CHARLES FAIRBANK OIL PRODUCTS LTD</u> Tel. # <u>519-882-0230</u> Fax #
Address <u>394 STATION STREET, PETROLIA, ONT. N0N 1R0</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.

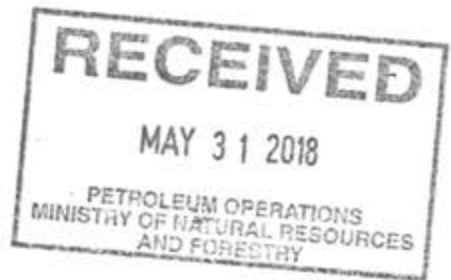
Well Name <u>MUNWISSA EAST #20 5-19-4</u>	Source Pool <u>OIL SPRINGS</u>
Township <u>LEWISVILLE</u>	Source Formation <u>DUNDEE</u>
Lot <u>19</u> Concession <u>II</u>	Injection Fluid Type <u>OIL FIELD BRINE</u>
Well Licence No. <u>T01109</u>	Injection Formation <u>DUNDEE</u>
Well Status - Mode* <u>SUSPENDED</u>	Injection Pool <u>"</u>
Injection Permit No.	

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

Description of fluid treatment prior to injection

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Oct			
Nov			
Dec			
Total	<u>0</u>		

*SYSTEM NEEDS TO BE REPAIRED*



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

CHARLES FAIRBANK  
 Name (print)  
FAIRBANK OIL  
 Company  
23/05/18  
 Date (day/month/year)

*Charles Fairbank*  
 Signature  
PRESIDENT  
 Title





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

For the Year 2017

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator <u>CHARLES FAIRBANK OIL PROPERTIES LTD</u>	Tel. # <u>519-882-0238</u> Fax #
Address <u>394 STATION STREET, PETROLIA, ONT. N0N 1R0</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.

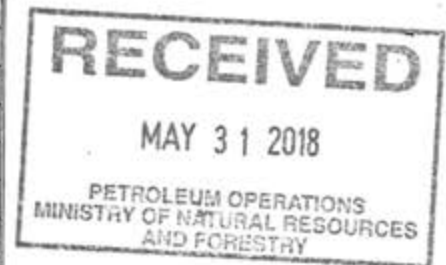
Well Name <u>MORNING STAR WEST #16 3-19-11</u>	Source Pool <u>OIL SPRINGS</u>
Township <u>ENNISKILLEN</u>	Source Formation <u>DUNDEE</u>
Lot <u>19</u> Concession <u>II</u>	Injection Fluid Type <u>OIL FIELD BRINE</u>
Well Licence No. <u>T01108</u>	Injection Formation <u>DUNDEE</u>
Well Status - Mode* <u>SUSPENDED</u>	Injection Pool <u>"</u>
Injection Permit No.	

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

Description of fluid treatment prior to injection

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Oct			
Nov			
Dec			
Total	<u>0</u>		

REPAIRS NEEDED TO SYSTEM



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

CHARLES FAIRBANK  
 Name (print)  
FAIRBANK OIL  
 Company  
23/05/18  
 Date (day/month/year)

[Signature]  
 Signature  
PRESIDENT  
 Title





Oil, Gas and Salt Resources Act

# Annual Report of Monthly Injection

For the Year 2017

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator <u>CHARLES FAIRBANK OIL SERVICES LTD</u>	Tel. # <u>519-882-0230</u> Fax #
Address <u>394 STANAW STREET, PETROLIA, ONT. N0N 1R0</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.

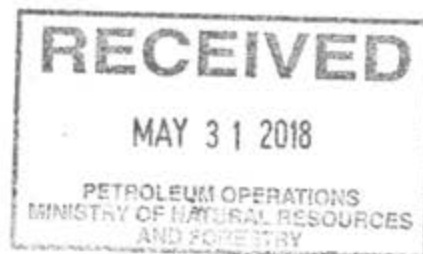
Well Name <u>MORNINGSTAR WEST AB, ENNISKILLEN-19-1</u>	Source Pool <u>OIL SPRINGS</u>
Township <u>ENNISKILLEN</u>	Source Formation <u>DUNDEE</u>
Lot <u>19</u> Concession <u>IT</u>	Injection Fluid Type <u>OIL FIELD BRINE</u>
Well Licence No. <u>T006205</u>	Injection Formation <u>DUNDEE</u>
Well Status - Mode* <u>SUSPENDED</u>	Injection Pool <u>"</u>
Injection Permit No.	

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

Description of fluid treatment prior to injection

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Oct			
Nov			
Dec			
Total	<u>0</u>		

INJECTION SYSTEM  
NEEDS REPAIR.



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

CHARLES FAIRBANK  
Name (print)

[Signature]  
Signature

FAIRBANK OIL  
Company

PRESIDENT  
Title

23/05/18  
Date (day/month/year)







Oil, Gas and Salt Resources Act  
**Annual Report of  
 Monthly Injection**  
 For the Year 2017

Form 8 To the Minister of Natural Resources v.2009-05-31

Operator	Dundee Oil and Gas Limited	Tel#	519-433-7710	Fax #:	519-433-7588
Address	Unit B, 1030 Adelaide St S, London, On N6E 1R6				

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	Paragon e al No.20	Source Pool	Rochester
Township	Rochester	Source Formation	Trenton
Lot/ Concession	Lot 15, Concession II	Injection Fluid Type	GAS
Well License No.	T008313	Injection Formation	Trenton
Well Status- Mode*	Gas Injection	Injection Pool	Rochester
Injection Permit No.			

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

Description of fluid treatment prior to injection

Month	Volume Injected (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
JAN	43,370	2758	31
FEB	30,010	552	28
MAR	48,990	3172	31
APRIL	51,620	3172	30
MAY	50,120	3723	31
JUNE	53,490	3241	30
JULY	57,270	3378	31
AUG	54,460	3378	31
SEP	57,770	3309	30
OCT	50,352	3309	31
NOV	52,610	3309	30
DEC	31,460	3309	31
TOTAL	581,522		365

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

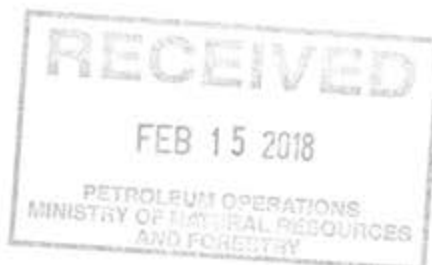
\_\_\_\_\_  
 Name (print) Bruce Sherley

\_\_\_\_\_  
 Signature *B. Sherley*

\_\_\_\_\_  
 Company Dundee Oil and Gas Limited

\_\_\_\_\_  
 Title President

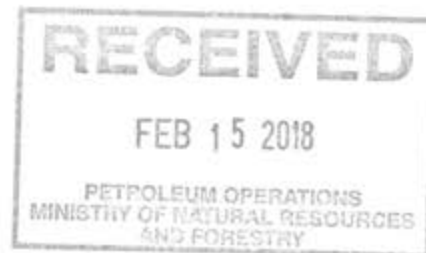
\_\_\_\_\_  
 Date (day/month/year) 2/14/2018







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



For the Year 2017

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator: Liberty Oil & Gas Ltd.	Tel. # 519-695-3811	Fax # 519-695-3852
Address: 185 McEwan Street, Bothwell, ON N0P 1C0		

**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.
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 <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	130.3	0	7
Feb	128.4	0	8
Mar	107.5	0	8
April	128.3	0	8
May	135.6	0	8
June	97.5	0	4
July	148.5	6	6
Aug	97	0	6
Sep	82	0	4
Oct	112.9	0	5
Nov	83.5	0	5
Dec	92.5	0	5
Total	1343.8	0	74

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

Jane Lowrie  
 Name (print)

Signature

Liberty Oil & Gas Ltd.  
 Company

President  
 Title

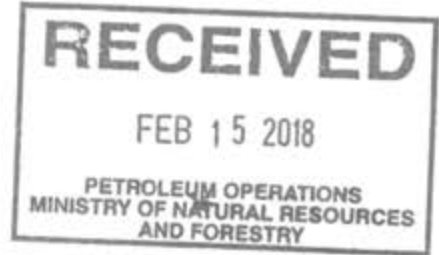
15/02/2018  
 Date (day/month/year)





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

For the Year 2017



Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator: On-Energy Corp.	Tel. # 519-695-3811	Fax # 519-695-3852
Address: 185 McEwan Street, Bothwell, ON N0P 1C0		

***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: Rodney Unit 3	Source Pool: Basal
Township: Aldborough	Source Formation: Glacial Gravel/Sand
Lot: Concession:	Injection Fluid Type: Fresh Water
Well Licence:	Injection Formation: Dundee
Well Status - Mode*: Active	Injection Pool: Rodney R & R Unit 3
Injection Permit No.:	

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

Description of fluid treatment prior to injection
None

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	0	0	0
Feb	0	0	0
Mar	322.79	160	23
April	429.12	220	30
May	443.42	220	31
June	429.12	220	30
July	443.42	220	31
Aug	457.72	227	31
Sep	443.42	227	30
Oct	443.42	220	31
Nov	271.77	139	19
Dec	0	0	0
Total	3684.20		256

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

Jane Lowrie  
 Name (print)

Signature

On-Energy Corp.  
 Company

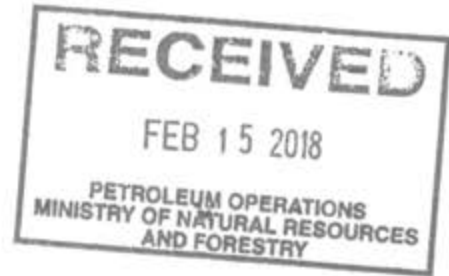
President  
 Title

15/02/2018  
 Date (day/month/year)





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



**For the Year 2017**

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator: On-Energy Corp.	Tel. # 519-695-3811	Fax # 519-695-3852
Address: 185 McEwan Street, Bothwell, ON N0P 1C0		

***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: Rodney South Unit	Source Pool: Unit 3, Rodney South Unit
Township: Aldborough	Source Formation: Dundee
Lot: D Concession: VII	Injection Fluid Type: Recovered Formation & Injection Waters
Well Licence:	Injection Formation: Dundee
Well Status - Mode*: Active	Injection Pool: Rodney South Unit
Injection Permit No.: 2008-1	

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

Description of fluid treatment prior to injection
None

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	0	0	0
Feb	0	0	0
Mar	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
Aug	0	0	0
Sep	0	0	0
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0
Total	0	0	0

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

Jane Lowrie  
 Name (print)

Signature

On-Energy Corp.  
 Company

President  
 Title

15/02/2018  
 Date (day/month/year)

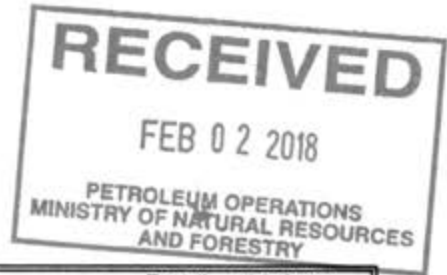






Ministry of Natural Resources / Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act  
**Annual Report of Monthly Injection**  
 For the year 2017



Form 6 To: the Minister of Natural Resources

Operator:	Pintail Production Inc.	Tel. #	472-1542	Fax #	472-9434
Address:	2 Marchand Drive, Penetanguishene, ON				

Well Name:	Bluewater True Fitzgerald	Source Pool:	Plympton 5-19-VI	
Township:	Plympton	Source Formation:	Guelph	
Tract: 3	Lot: 20	Concession: VI	Fluid Type:	Formation brine
Well Licence #	T005393	Injection Formation:	Guelph	
Well Status - Mode*:	Inj - ACT	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, scale inhibitor. Water is filtered

Month	Volume Injected (m3)	Average Daily Injection Pressure kPag	Days on Injection	Injection Rate (m3/day)
Jan	1,137	0	31	36.7
Feb	935	0	25	37.4
Mar	1,092	0	31	35.2
April	1,076	0	29	37.1
May	-	0	8	-
June	218	0	9	24.3
July	-	0	-	-
Aug	-	0	-	-
Sept	-	0	-	-
Oct	-	0	-	-
Nov	-	0	-	-
Dec	-	0	-	-
Total	4,459			

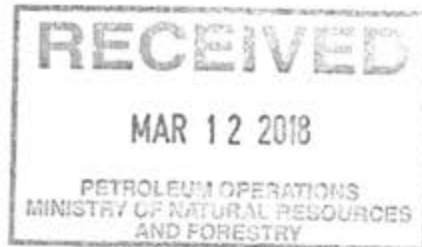
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name:	Claudia Cochrane	DATE:	Feb 15, 2018
Signature:	<i>Claudia Cochrane</i>	Position Held:	<i>Secretary/Treasurer</i>





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



For the Year \_\_\_\_\_

Form 6 To the Minister of Natural Resources v.2009-05-31

Operator Reef Resources Ltd.	Tel. # 403-251-9447	Fax # NA
Address		

**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 Daybreak Ausable No. 3	Source Pool Ausable
Township Steven	Source Formation Guelph
Lot 11 Concession XXII	Injection Fluid Type natural gas
Well Licence No. T009577	Injection Formation Guelph
Well Status - Mode* SUS	Injection Pool Ausable
Injection Permit No. 2003-1	

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

Description of fluid treatment prior to injection
Natural gas will be treated through a refrigeration plant and the dry gas re-injected

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	0	0	0
Feb	0	0	0
Mar	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
Aug	0	0	0
Sep	0	0	0
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0
Total	0	0	0

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. President  
 Company Title

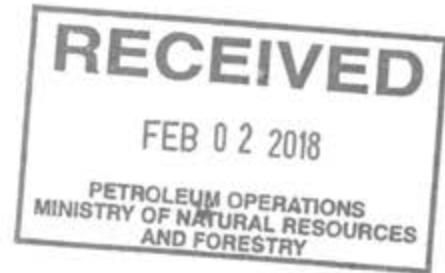
09/03/2018  
 Date (day/month/year)





Ministry of Natural Resources  
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act  
**Annual Report of Monthly Injection**  
For the year 2017



Form 6 To: the Minister of Natural Resources

Operator:	Roth & Roth Limited	Tel. #	472-1542	Fax #	472-9434
Address:	2 Marchand Drive, Penetanguishene, ON, L9M 2J3				

Well Name:	Roth & Roth 4 Johnson 1 Enn 31-XIV	Source Pool:	Brine ponds, Pembina Infra, Production	
Township:	Enniskillen	Source Formation:	Salina B Salt, Guelph	
Tract: 3	Lot: 31	Concession: XIV	Fluid Type:	Cavern washing brine, production
Well Licence #	T008571	Injection Formation:	Guelph	
Well Status - Mode*:	Inj - ACT	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 oxygen scavenger, scale inhibitor. Water is filtered

Month	Volume Injected (m3)	Average Daily Injection Pressure kPag	Days on Injection	Injection Rate (m3/day)
Jan	499.9	0	29	17.2
Feb	286.1	0	24	11.9
Mar	279.1	0	24	11.6
April	-	0	0	
May	-	0	0	
June	-	0	0	
July	58.0	0	3	19.3
Aug	-	0	0	
Sept	-	0	0	
Oct	-	0	0	
Nov	-	0	0	
Dec	-	0	0	
Total	1,123			

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

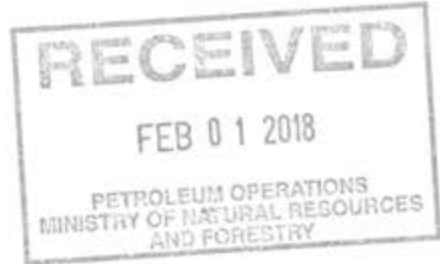
Name:	Claudia Cochran	DATE:	Feb 15, 2018
Signature:	<i>Claudia Cochran</i>	Position Held:	<i>Secretary Treasurer</i>





Ministry of Natural Resources  
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act  
**Annual Report of Monthly Injection**  
For the year 2017



Form 6 To: the Minister of Natural Resources

Operator: TAQA North Ltd.	Tel. # 878-1006	Fax # 472-7897
Address: 21609 Kintyre Line Rodney, ON, N0L 2C0		

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

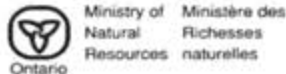
Month	Volume Injected (m3)	Average Daily Injection Pressure kPag	Days on Injection	Injection Rate (m3/day)
Jan	14,692	500 to 3400	31	473.9
Feb	13,715	500 to 3400	28	489.8
Mar	15,540	500 to 3400	31	501.3
April	13,634	500 to 3400	30	454.5
May	15,509	500 to 3400	31	500.3
June	14,619	500 to 3400	30	487.3
July	13,370	500 to 3400	31	431.3
Aug	13,673	500 to 3400	31	441.1
Sept	13,579	500 to 3400	30	452.6
Oct	12,894	500 to 3400	31	415.9
Nov	9,933	500 to 3400	30	331.1
Dec	11,677	500 to 3400	31	376.7
Total	162,835			

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

Name: Jim McIntosh	15-Feb-18
Signature:	Position Held: Engineering Consultant







Ministry of Natural Resources  
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act  
Annual Report of Monthly **Injection**  
For the year 2016



Form 6 To: the Minister of Natural Resources

Operator:	TAQA North Ltd.	Tel. #	878-1006	Fax #	472-7897
Address:	21609 Kintyre Line Rodney, ON, N0L 2C0				

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	17,471	500 to 3400	31	563.6
Feb	14,754	500 to 3400	29	508.8
Mar	14,668	500 to 3400	31	473.2
April	14,302	500 to 3400	30	476.7
May	15,855	500 to 3400	31	511.5
June	17,020	500 to 3400	30	567.3
July	17,784	500 to 3400	31	573.7
Aug	17,835	500 to 3400	31	575.3
Sept	17,431	500 to 3400	30	581.0
Oct	18,073	500 to 3400	31	583.0
Nov	15,916	500 to 3400	30	530.5
Dec	16,325	500 to 3400	31	526.6
Total	197,434			

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

Name:	Jim McIntoshy	15-Feb-17
Signature:		Position Held: Engineering Consultant

