



# Annual Report of Monthly Injection

For the Year 2018

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

11/02/2019  
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	ABD
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 2018

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>	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>

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)

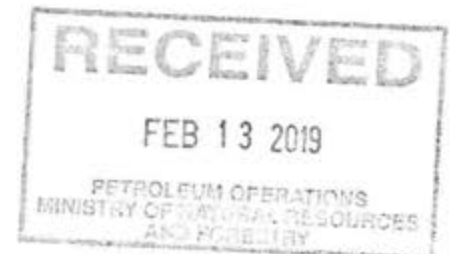
Signature

**Cameron Petroleum Inc.**

Bookkeeper

Company  
 Date 24/01/2019

Title







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

For the Year 2018

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			
<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)

*Louisa Anjevic*  
 Signature

Cameron Petroleum Inc.

Bookkeeper

Company  
 Date 24/01/2019

Title









Oil, Gas and Salt Resources Act

# Annual Report of Monthly Injection

For the Year 2018

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

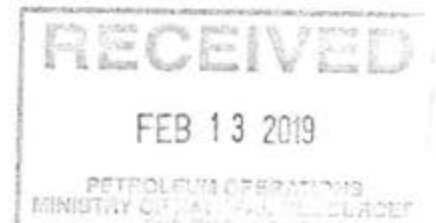
Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Oct			
Nov			
Dec			
<b>Total</b>	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>

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)  
 Cameron Petroleum Inc  
 Company

\_\_\_\_\_  
*Lou Vujcic*  
 Signature  
 Bookkeeper  
 Title

24/01/2019  
 Date (day/month/year)







Oil, Gas and Salt Resources Act

# Annual Report of Monthly Injection

For the Year 2018

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 VUJIC  
Name (print)

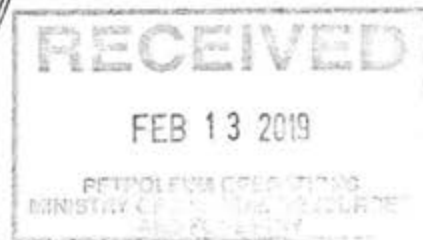
*Lubica Fujai*  
Signature

Cameron Petroleum Inc.

Bookkeeper

Company  
Date 24/01/2019

Title







Oil, Gas and Salt Resources Act

# Annual Report of Monthly Injection

For the Year 2018

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	754		31
Feb	884		28
Mar	690		31
April	904		30
May	907		31
June	734		30
July	641		31
Aug	535		31
Sep	509		30
Oct	767		31
Nov	566		30
Dec	815		31
Total	8706		365

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)

*Lubica Krpajic*  
Signature

Cameron Petroleum Inc.

Bookkeeper

Company  
Date 28/01/2019

Title







Oil, Gas and Salt Resources Act

# Annual Report of Monthly Injection

For the Year 2018

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	585		31
Feb	1022		28
Mar	771		31
April	914		30
May	907		31
June	881		30
July	823		31
Aug	556		31
Sep	535		30
Oct	403		31
Nov	462		30
Dec	444		31
Total	8,303		365

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)

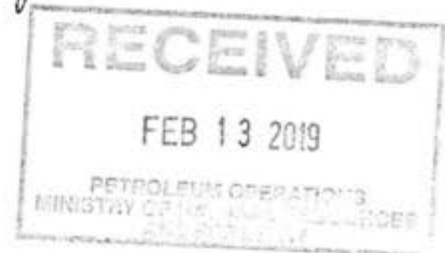
*Lou VuJCic*  
Signature

Cameron Petroleum Inc.

Bookkeeper

Company  
Date 28/01/2019

Title









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

For the Year 2019

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

Operator <u>CHARLES FAIRBANK OIL</u>	Tel. # <u>519-822</u> Fax # <u>0230</u>
Address <u>PROPERTIES LTD.</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>MURKIN/STRAVAST 5-19-11</u>	Source Pool
Township <u>EDMUNDSVILLE</u>	Source Formation
Lot <u>19</u> Concession <u>IV</u>	Injection Fluid Type
Well Licence No. <u>T01112</u>	Injection Formation
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>		

*REPORTS NEEDED*

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  
14/2/19  
 Date (day/month/year)

*[Signature]*  
 Signature  
PRESIDENT  
 Title



Oil, Gas and Salt Resources Act

### Annual Report of Monthly Injection

For the Year 2018

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator <u>CHARLES FARIBAWIC OIL</u>	Tel. # <u>519-882</u> Fax # <u>0230</u>
Address <u>PROPERTIES LTD // 394 STATION STREET, PETROLIA, ONTARIO</u>	

ONS 1102  
120

**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.

2-19-

Well Name <u>NORWICH STATION W-5116</u>	Source Pool
Township <u>EWINGVILLE</u> 3-19- <u>EE</u>	Source Formation
Lot <u>19</u> Concession <u>EE</u>	Injection Fluid Type
Well Licence No. <u>TO 11108</u>	Injection Formation
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>		

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

CHARLES FARIBAWIC Charles Faribawic  
 Name (print) Signature  
FARIBAWIC OIL PRESIDENT  
 Company Title  
14/2/19  
 Date (day/month/year)



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

For the Year 2018

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

Operator <u>CHARLES FAIRBANK OIL PROP</u>	Tel. # <u>519-882-0230</u> - Fax # <u>0230</u>
Address <u>394 STATION STREET, PETROLIA, ONT. N0A 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 ESTER #20</u>	Source Pool <u>OIL SPRINGS</u>
Township <u>DUNDAS</u>	Source Formation <u>DUNDAS</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>DUNDAS</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>		

REPAIRS NEEDED

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  
FEB 14, 2019  
 Date (day/month/year)

Charles Fairbank  
 Signature  
PRESIDENT  
 Title



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

For the Year 2018

Form 6

To the Minister of Natural Resources

v 2009-05-31

Operator <u>FAIRBANK OIL FRACONITES LTD</u>	Tel. # <u>519-882</u> Fax # <u>0230</u>
Address <u>394 STATION STREET, PETROLIA, ONT M0N 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 EAST 21</u>	Source Pool <u>OIL SPRINGS</u>
Township <u>CONNSVILLE 919/11</u>	Source Formation <u>DUNDEE</u>
Lot <u>19</u> Concession <u>II</u>	Injection Fluid Type <u>GEL FIELD BRINE</u>
Well Licence No. <u>T01110</u>	Injection Formation <u>DUNDEE</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>		

*NEEDS WORK OVER.*

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

CHARLES FAIRDANK  
 Name (print)

*Charles Fairbank*  
 Signature

FAIRBANK OIL  
 Company

PRESIDENT  
 Title

Feb 14 / 19  
 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</u>	Tel. # <u>514-282-0233</u> Fax #
Address <u>394 STATION STREET, PETROHIA, QUEBEC 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>MURKINGSTON WEST #22 3/19/0</u>	Source Pool <u>OIL SPRINGS</u>
Township <u>KEWASKEWILLON</u>	Source Formation <u>DUNDIE</u>
Lot <u>14</u> Concession <u>II</u>	Injection Fluid Type <u>OIL FIELD BRINE</u>
Well Licence No. <u>T-11106</u>	Injection Formation <u>DUNDIE</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>		

*ALLIEDS WORK OVER*

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  
FEB 14 / 19  
 Date (day/month/year)

*Charles Fairbank*  
 Signature  
PRESIDENT  
 Title





Oil, Gas and Salt Resources Act  
**Annual Report of  
 Monthly Injection**  
**For the Year 2018 - up to and including March 31**

Form 6 To the Minister of Natural Resources and Forestry 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	42,150	3206	31
FEB	41,810	3021	28
MAR	49,770	3016	31
APRIL			
MAY			
JUNE			
JULY			
AUG			
SEP			
OCT			
NOV			
DEC			
TOTAL	133,730		90

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

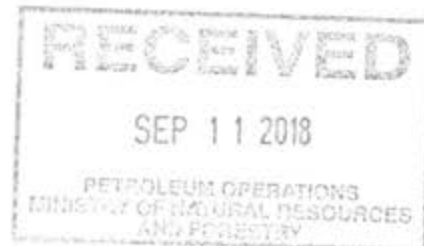
Bruce Sherley  
 Name (print)

Signature

Dundee Oil and Gas Limited  
 Company

President  
 Title

07-09-2018  
 Date (day/month/year)









Oil, Gas and Salt Resources Act  
**Annual Report of  
 Monthly Injection**  
 For the Year 2018 - April 1 - December 31

Form 6

To the Minister of Natural Resources and Forestry

v 2009-05-31

Operator	Lagasco Inc.	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			
Feb			
Mar			
April	49,970	2943	30
May	50,280	2879	31
June	49,440	2976	30
July	47,080	2822	31
Aug	70,560	2996	31
Sep	39,690	3027	30
Oct	46,930	2924	31
Nov	41,970	2914	30
Dec	31,940	2616	31
<b>Total</b>	<b>427,860</b>		<b>275</b>

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

Janie Lowrie

---

Name (print)

---

Signature

Lagasco Inc.

---

Company

President

---

Title

14/02/2019

---

Date (day/month/year)





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



**For the Year 2018**

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 St., 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

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	99		6
Feb	101.5		5
Mar	229.5		6
April	109		5
May	55		3
June	55		4
July	142		6
Aug	144.5		6
Sep	90		5
Oct	25		2
Nov	75		3
Dec	119		7
Total	1245		58

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

21/05/2019  
 Date (day/month/year)





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



For the Year 2018\_\_\_\_\_

Form 6  
31

To the Minister of Natural Resources

v.2009-05-

Operator : Pintail Production Inc.	Tel. # 1-519-359-9804	Fax #
Address: PO Box 53, 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: Bluewater True Fitzgerald	Source Pool Plympton 5-19-VI
Township Plympton	Source Formation Guelph
Lot 20 Concession VI	Injection Fluid Type Brine
Well Licence No. 5393	Injection Formation Guelph
Well Status - Mode* SUSPENDED	Injection Pool Plympton 5-19-VI
Injection Permit No. <u>5393</u>	

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

Description of fluid treatment prior to injection
NA

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

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

Terry Marsh

Name (print)  
Pintail Production Inc.

Company

30/09/19.

Signature

OWNER.  
Title

Title





Oil, Gas and Salt Resources Act  
**Annual Report of  
 Monthly Injection**  
**For the Year 2018**



Form 6 To the Minister of Natural Resources

Operator Roth and Roth Limited	Tel. # 519 542 9221	Fax #NA
Address 1402 Lakeshore Road, Sarnia ON. N7S 2M1 jcowan@xtivity.com		

**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.

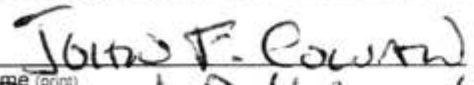
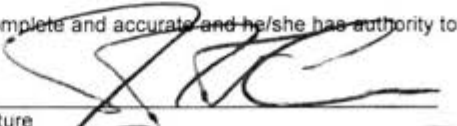
Well Name Roth and Roth #4 Johnson 1 Enn 31-XIV	Source Pool Brine Ponds – Sarnia and Moore Twps
Township Enniskillen	Source Formation Salina B Salt, Guelph
Lot 31 Concession XIV	Injection Fluid Type Cavern Brine, Production Fluids
Well License No. T008571	Injection Formation Guelph
Well Status - Mode* Inj – Suspended	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 oxygen scavenger, scale inhibitor, filtered water

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	0.00		
Feb	0.00		
Mar	0.00		
April	0.00		
May	0.00		
June	0.00		
July	0.00		
Aug	0.00		
Sep	0.00		
Oct	0.00		
Nov	0.00		
Dec	0.00		
Total	0.00		

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

  
 Name (print) John F. Cowan  
  
 Signature [Signature]  
 Company Roth and Roth Limited  
 Title PROSIDENT  
23/05/19 (FOR: 15/02/19)







# Annual Report of Monthly Injection

For the Year 2018

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator: TAQA North Ltd	Tel. # 519-878-1006	Fax # 519-472-7897
Address 21609 Kintyre Line, Rodney, ON, N0L 2C0		

***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 Various injection wells	Source Pool: Rodney pool, Glacial till
Township: Aldborough	Source Formation: Columbus, Glacial till
Lot 4, 5, & 6 Concession IV, V, & VI	Injection Fluid Type: Produced and fresh water
Well Licence No.: Various	Injection Formation: Columbus
Well Status - Mode*: Active	Injection Pool: Rodney Unit
Injection Permit No. 19-1	

\* 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	12220	up to 2900kPa	31
Feb	10632	up to 2900kPa	28
Mar	11592	up to 2900kPa	31
April	11651	up to 2900kPa	30
May	12988	up to 2900kPa	31
June	11184	up to 2900kPa	30
July	11907	up to 2900kPa	31
Aug	11873	up to 2900kPa	31
Sep	12497	up to 2900kPa	30
Oct	12918	up to 2900kPa	31
Nov	11929	up to 2900kPa	30
Dec	11512	up to 2900kPa	31
Total	142903		365

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

Jim McIntosh

Name (print)

TAQA North Ltd

Company

15/02/2019

Date (day/month/year)

  
Signature

Ontario Consulting Engineer

Title

