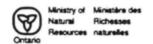
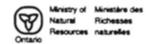


To: the Minister of Natural Resources

	Cameron Hetro		# 65"	1-9304	Fax #	657 -	3633
Address P	XX 2010 1311						
	endan Ontario NO	ok 466					
	only applies to fluid injection on wells must be reported and			ed. If space	is ins	ufficient attac	ch additional forms.
	: HCHaster # 22 - Go		Source			obles	
Township:	Blenheim			Formation:			
Tract	Lot 20 Concession	1	Fluid 7	Гуре:			
Well Licer	ice #: 1278		Injecti	on Formation	n:		
Well Statu	s-Mode*: PLUG	GED	Injection	on Pool:			
Injection P	Permit #:						
* As of De	cc. 31 - Active, suspended, aba	ndoned, testing, po	tential				
Descriptio	n of fluid treatment prior to in	jection:					
		T		_			
Month	Volume Injected (m³)	Average Daily Injection Pressu (kPag at wellhe		Days on Injection		Injection R (m³/day)	ate
Jan	NIL	NI	L	NI	L.	N	1
Feb							1
Mar							
April							
May							
June							
July							
Aug							
Sep							
Oct							
Nov	,						
Dec					/		
Total							
Name:	igned certifies that the above info MADELING BREII Lhuldene MBie	./-	and accu		/	authority to bin	d the operator.



Form 6	To:	the Minister of Natu	ral Resource	es				
Operator:	Came	von Petrole	umlnc	Tel. # 65	7-93041	Fax #	657.	3633
Address (30 x 20	109, 431 Bo						
L		Ontario No						
		es to fluid injection just be reported and a			ted. If space i	s insu	ifficient atta	ch additional forms.
	APPLIES TO THE REAL PROPERTY.	nee Gobles					les.	
Township:	Burf	and	, ,		e Formation:	700	1	
Tract		8 Concession	2.	Fluid	Type:			
Well Licer		1916		Inject	ion Formation	:		
Well Statu	s - Mode*:	Suspe	nded.	Inject	ion Pool:			
Injection F	Permit #:							
* As of De	c. 31 - Acti	ive, suspended, aban	doned, testir	ng, potential				-
Descriptio	n of fluid tr	eatment prior to inje	ection:					
Month	Volume I	njected (m³)	Average D		Days on		Injection R	ate
			Injection P (kPag at w		Injection		(m³/day)	1
Jan	N	I L	_	L	NIL	_	N	11
Feb	- /		1	1	1		/ / /	1
Mar								
April								
May								
June								
July								
Aug								-
Sep				-	+		-	
Oct					1			
Nov			-		 			
Dec	,		-		+			
200				/		_		
Total			1	r	,			<i>Y</i>
Total		<u></u>						
Total		V						
	igned certific	es that the above infor	mation is com	plete and acc	urate, and he/she	has a	uthority to bir	nd the operator.
The unders	2		mation is com					nd the operator.
The unders	MADELI	NE BREII			urate, and he/she			nd the operator.
The unders	MADELI							nd the operator.



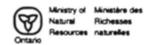
Form 6

Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

Operator:	Camer	on Petroleu	im Inc.	Tel. # (057-93	c Fax	# 657	- 3633
Address	BOY 20	109, 431 Bo	ler Rd					
١	endon	Ontario N	6K 4G6					
		s to fluid injection ; st be reported and a				pace is in	sufficient at	tach additional forms.
Well Name	: Kewa	nee Goble	41		ource Pool:		Goble	4 .
Township:	Blen	heim		So	ource Forma	tion:		
Tract	Lot	← Concession			uid Type:			
Well Licer		1909			jection Forn			
	s - Mode*:	Susper	ded.	In	jection Pool	:		
Injection P	ermit #:	,						
* As of De	c. 31 - Activ	ve, suspended, abar	ndoned, testir	ng, poten	tial			
Descriptio	n of fluid tre	atment prior to inje	ection:					
Month	Volume In	jected (m³)	Average D Injection P (kPag at w	ressure	Days of Inject		Injection (m³/day)	
Jan	N	11	1	VIL	1	VIL	NI	L
Feb		1		1			1	
Mar								
April								
May								
June								
July								
Aug								
Sep								
Oct								
Nov	,							
Dec								
Total		/		/				/
Mamai	igned certifies	s that the above infor	mation is com		accurate and ate: Let			bind the operator.



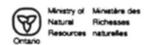


Form 6

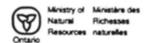
Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

				1.# 65	7-9304 Fax	# 657-3633
Address (Box 20109	,431 Bole	r Rd.			
		Ontario N				
		fluid injection ; e reported and a			ted. If space is ins	sufficient attach additional forms.
Well Name	e: Imperial	Kewanee	Gobles 45	Source	Pool: G	obles
Township:				Source	Formation:	
Tract 3		Concession	1	Fluid 7	Гуре:	
Well Licer	nce #:	1719		Injecti	on Formation:	
	s - Mode*:	Suspene	led.	Injecti	on Pool:	
Injection F	ermit #:	`				
* As of De	c. 31 - Active,	suspended, aban	doned, testing,	potential		
Descriptio	n of fluid treatr	nent prior to inje	ection:			
Month	Volume Injec	ted (m³)	Average Dail		Days on	Injection Rate
			Injection Pres (kPag at well		Injection	(m³/day)
Jan	611	,	/V (NIL	NIL
Feb	N		10 1		1012	1
Mar					 	
April						
May						
June						
July						
Aug						
Sep						
Oct						1
Nov	,					
Dec						
Total		/				/
Th	inned and form				man and he/she has	authority to hind the access
Name:	^	_	mation is comple	Date:	11 1	authority to bind the operator.
//	POELINE		,/	Date.	-Jet 16/92	5
Signature	Medel	ne public	tl			

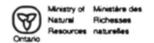


Operator: Corneron Petroleum Inc. Tel. # 657-9304 Fax # 657-3673 Address Box 2019, 431 Delet Rd Lenden Contexio Nick 446 This form only applies to fluid injection for secondary recovery. All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms. Well Name: Kendenee Gobles 24 Source Pool: Cooles Source Formation: Tract Lot 8 Concession Fluid Type: Well Licence #: 1492 Injection Formation: Well Status Mode*: 54.2020 Injection Formation: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m) Average Daily Injection Prosesure (RPag at wellhead) Jan NIL	Form 6	To: the Minister of Na	tural Resource	s		
Address Box 2010 431 Bolev Rd London Contavio Nek 466 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: Reagnee Cookes 34 Source Pool: Cookes Township: Blenker Source Formation: Tract Lot g Concession Fluid Type: Well Licence #: 1492 Injection Formation: Well Status - Mode*: Superade Injection Formation: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL NIL NIL NIL NIL NIL Feb Mar April A	Operator:	Cameron Petrole	umlnc	Tel. # 65	1-9304 Fax #	# 657-3633
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 Coblessy Source Pool: Coblessy Source Formation: Tract Lot Sourcession Fluid Type: Well Licence #: Yaz Injection Formation: Well Status - Mode*: Suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL NIL NIL NIL NIL NIL Suspended April May June June June June June June June June	Address					
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms. Well Name: Kewanee Cobles 34 Source Pool: Cotles Tract Lot ge Concession Fluid Type: Well Licence #: 1492 Injection Formation: Well Status - Mode*: 1492 Injection Formation: Well Status - Mode*: 1492 Injection Proble: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan Nill Nill Nill Nill Nill Nill Nill April Apr		London Ontario	N6K4GL	2		
Well Name: Kennes Gobles 34 Source Pool: Gobles Township: Blenherm Source Formation: Tract Lot 8 Concession Fluid Type: Well Licence #: 492 Injection Formation: Well Licence #: 492 Injection Formation: Well Status - Mode*: Superade d Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan New York N						
Township: Rlankern Source Formation: Tract Lot Soncession Fluid Type: Well Licence #: 192 Injection Formation: Well Status - Mode*: Suspended, abandoned, testing, potential Pescription of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL NIL		and the second s	STREET, STREET, SQUARE, SQUARE			THE RESERVE OF THE RE
Tract Lot S Concession Fluid Type: Well Licence #: 1492 Injection Formation: Well Status - Mode*: Status - Mode*: Injection Formation: Well Status - Mode*: Injection Formation: Injection Peol: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m¹) Average Daily Injection Pressure (kPag at wellhead) Injection Injection Rate (m²/day) Jan Ntt	Well Nam		16524		4.46	objes.
Well Licence #: 492 Injection Formation: Well Status - Mode*: Status - Mode*: Injection Pool: Injection Pool: Injection Permit #:		OIL ONE III				
Well Status - Mode*: Superiode Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL		1.0				
Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month		6				
* As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month		200	nded	Injecu	on Pool:	
Description of fluid treatment prior to injection: Month						
Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL	* As of D	ec. 31 - Active, suspended, abo	andoned, testin	ig, potential		
Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL	Description	on of fluid treatment prior to in	njection:			
Injection Pressure (kPag at wellhead) Jan NIL 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: Magiciana Brill Injection (m³/day) (m³/day) (m³/day)	2227.					
Injection Pressure (kPag at wellhead) Jan NIL 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: Magiciana Brill Injection (m³/day) (m³/day) (m³/day)						
Injection Pressure (kPag at wellhead) Jan NIL 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: Magiciana Brill Injection (m³/day) (m³/day) (m³/day)						
(kPag at wellhead) Jan NIL	Month	Volume Injected (m ³)				
Jan NIL					Injection	(m³/day)
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: Ma Octine Breit Signer Breit Date: Fight 18/98	Ian	NIII			A111	A171
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: Magiting Brill Date: Let 18/98		1010	10	1	1012	NIC.
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: MADELINE BREIL Date: Let 18/98			+			
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: MADELINE BRELL Date: Get 18/98			_			
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: MA QC LINE BREIL Date: July 18/48						
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: MA QELINE BREIT Date: Jet 18/98			+		 	
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: MA QELINE BREIT Date: Jet 18/98	July		_			
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: MAQELINE BREII Signature: 4.18/98	-		_	<u> </u>		
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: MAGELINE BREII Signature BREII						
Nov Dec Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: MAGELINE BREII Signature: 4.18/98			+			
Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: MAQELINE BREII Signature: Grant BR		,		1		
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: MAGELINE BREII Signature: Jet 18/98	Dec		1	1		
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: MAQELINE BREII Signature: 4 98				1		
Name: MADELINE BREII Date: Fel 18/98					<u> </u>	
Name: MADELINE BREII Date: Fel 18/98						
Cianathur. / A) /		signed certifies that the above info	ormation is com			
Cianathur. / A) /	Name:	HADELINE BREIL		Date:	Feb 18/98	
The state of the s			ott			
		July V				

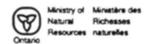


Annual Report of Monthly **Injection** for the year <u>taga</u>

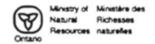
Operator:		Market and the second	atural Resources	#1		\ Fax	# 1 6 -	2 / 5	_
		ven tet	relection Tel.	# 65	-9300	-\ Fax	# 65	- 36 ?	5
Address	London	09, 431 B	N6K466				-		
This form	A THE RESERVED TO BE A STATE OF THE		n for secondary re	COVERN			-	a state of the same of	-
			d all injection must		ed. If sp	ace is in	sufficient a	ttach additio	onal forms
			obles 20	Source			oble s	CONTRACTOR OF STREET	
Township		ord		_	Formatio	on:	4000		
Tract 7	Lot	Concession	١ ١	Fluid T	ype:				
Well Lice	nce #:	1287		Injection	on Forma	tion:			
Well State	us - Mode*:	SUSPE	ended.	Injection	on Pool:				
Injection	Permit #:								
* As of D	ec. 31 - Activ	e, suspended, ab	andoned, testing, p	otential				ALL STATE OF THE S	
Description	on of fluid tre	atment prior to i	njection:						
March	V-l		T A Della		D		I variable	D	
Month	Volume Inj	jected (m³)	Average Daily	ure	Days or		Injection (m³/day)		
Month	Volume Inj	jected (m ³)	Injection Pressu		Days or Injectio		Injection (m³/day)		
Month		jected (m³)			Injectio		(m³/day)		
			Injection Pressi (kPag at wellhe		Injectio	n	(m³/day)		
Jan			Injection Pressi (kPag at wellhe		Injectio	n	(m³/day)		
Jan Feb			Injection Pressi (kPag at wellhe		Injectio	n	(m³/day)		
Jan Feb Mar			Injection Pressi (kPag at wellhe		Injectio	n	(m³/day)		
Jan Feb Mar April			Injection Pressi (kPag at wellhe		Injectio	n	(m³/day)		
Jan Feb Mar April May			Injection Pressi (kPag at wellhe		Injectio	n	(m³/day)		
Jan Feb Mar April May June			Injection Press (kPag at wellhe		Injectio	n	(m³/day)		
Jan Feb Mar April May June July			Injection Press (kPag at wellhe		Injectio	n	(m³/day)		
Jan Feb Mar April May June July Aug			Injection Press (kPag at wellhe		Injectio	n	(m³/day)		
Jan Feb Mar April May June July Aug Sep			Injection Press (kPag at wellhe		Injectio	n	(m³/day)		
Jan Feb Mar April May June July Aug Sep Oct			Injection Press (kPag at wellhe		Injectio	n	(m³/day)		



^	To: the Mini	ster of Natural Resou	irces			
Operator:	Cameron	Petroleum)	Tel. # 65	7.9304 Fa	(# 65	7-3633
Address		431 BolerR				
	Landon, On	taric N6K4	48			
	only applies to fluid					
	on wells must be rep				nsufficient att	ach additional forms
Well Nam	e: R.Mc Master	+ Sers - Gobles			oles.	
Township	- DAIL OIC.			e Formation:		
Well Lice		ncession		Туре:		
		25		ion Formation: ion Pool:		
Injection I	-24	spended.	Inject	ion Pooi:		
					-	
As of De	ec. 31 - Active, suspe	ended, abandoned, te	sting, potential			
Description	on of fluid treatment	prior to injection:				
Description	of fluid dedulielle	not to injection.				
Month	Volume Injected (r			Days on	Injection I	Rate
			n Pressure	Injection	(m³/day)	
Jan			t wellhead)			
	NIL	1 /	VIL	NIL	NI	
				1	1 1	
Feb			1			
Feb Mar						
Feb Mar April						
Feb Mar April May						
Feb Mar April May June						
Feb Mar April May June July						
Feb Mar April May June July Aug						
Feb Mar April May June July Aug Sep						
Feb Mar April May June July Aug Sep Oct						
Feb Mar April May June July Aug Sep Oct Nov	,					
Feb Mar April May June July Aug Sep Oct						

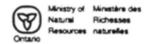


This form o	Box 20109,43	1 Bolerki			
This form o	renden, Ont NI	. \			
An injection	nly applies to fluid inject wells must be reported a			a is insufficient	attach additional form
100 100 100	Robert Mc Master & Sc		Source Pool:	Goble	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.
Township:	Blenheim	S- GODIES T	Source Formation		5)
Tract	Lot 2.2 Concession	on \	Fluid Type:		
Well Licence			Injection Formation	on:	
Well Status		ENDED	Injection Pool:		
Injection Pe					
* As of Dec	. 31 - Active, suspended,	abandoned, testing,	potential		
		0.1			
Description	of fluid treatment prior to	injection:			
Month	Volume Injected (m ³)	Average Daily		Injection	
		Injection Press (kPag at wellh		(m³/day	()
Jan	NIL	NIL	NIL	N	14
Feb		1	1		
Mar					
April					
May					
June					
July					
Aug					
Sep					
Oct					
Nov	,				
Dec					/
					V
Nov	,				/



Form 6	To: the	Minister of Na	atural Resources	3				
Operator:	Camer	on Petrol	leum Irx.	Tel. # (65)	7-930	4 Fax	# 657	-3633
Address		09,4310						
	London	Ontario	N68 466					
	only applies t	o fluid injectio	n for secondary					
	CONTRACTOR OF THE PARTY OF THE	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	the second second second second	ust be repor	ted. If s	pace is in:	sufficient att	ach additional form
Well Nam	ie: Robert McMa	oder & Ens.	Gobles 2	Source			Gobles	
Township	Blenhein				Format	ion:		
Tract	Lot 19	Concession		Fluid '				
Well Lice		141			on Form			
	ıs - Mode*:	Suspend	ed.	Injecti	on Pool:			
Injection I	The second second second							
* As of D	ec. 31 - Active	, suspended, ab	andoned, testing	g, potential				
Description	on of fluid trea	tment prior to it	njection:					

\	N/-1 T-1-		T A D	11	T D	16. 11. 10.00 11.00 1	I Various in a	D
Month	Volume Inje	cted (m°)	Average Da Injection Pr		Days on Injection		Injection Rate (m³/day)	
		(kPag at we					(III /Gay)	
Jan	NIL			iL	1	114	N	11
Feb								
Mar								
April								
May								
June								
July								1
Aug								
Sep								
Oct								
Nov	,							
Dec								
Total				,	_	/		
	<u> </u>	Marie 11 2 4 4 4 7 2 1				<u> </u>		
The under	signed certifies	that the above inf	ermation is comp	lete and accu	rate and	he/she has	authority to b	ind the operator.
						18/98		
Name:		V 6/10/1		0	up	10/78		
Name: Signature	MADELINE	ne lufe	1					



Annual Report of Monthly **Injection** for the year <u>।৭০ ন</u>

Form 6	To: the Minister of Nati		# /	- 02 1 Fam	4/522/22
Operator: Address	- Control of the latest		# 65	7-9304 Fax	# 657-3633
Addiess	Bax 20109, 431		-		
This Com		NGK 41GL	(5	UNBURST)	
	only applies to fluid injection			ed If space is in	nsufficient attach additional forms.
	ne: Imperial Union Grand	THE RESERVE OF THE PERSON NAMED IN COLUMN 1			rand Bend.
Township	: McGillivray	Dem - 2 4 - 6	Source	Formation:	Brine Produced.
Tract	Lot 4 Concession	NB	Fluid 7		Soit Water
Well Lice		14 15		on Formation:	Gueloh
Well Stat	us - Mode*:		_	on Pool:	G Cle-tph
Injection	Permit #:		-		
* As of D	ec. 31 - Active, suspended, aba	ndoned, testing, po	otential		
	,	J. P.			
Descripti	on of fluid treatment prior to inj	ection: N//	9		
,		,			
Month	Volume Injected (m ³)	Average Daily		Days on	Injection Rate
		Injection Pressu		Injection	(m³/day)
Jan	20.50	(kPag at wellhe		2 :	2.72
Feb	3053	100 P		25	3053
Mar	2520	100 P		31	2520
April	2368	100 F		30	2368
May	2144	100	PSI		2144
June	2877	100	P51	31	2877
	2769	100	PSI	30	2769
July	2775	100	PSI	31	2775
Aug	3154	100	PSI	31	3154
Sep	2584	100	PSI	30	2584
Oct	2897	Ø	PS1	31	2897
Nov	. 2735	4	PSI	30	2735
Dec	2608	4	PSI	31	2608
Total	32,484				32,454
	,				
Th	nional and Cardon to the Same Info		and seem	ante and be/ebs be	and also to blad the second
Name:	rsigned certifies that the above infor	rmation is complete	Date:	4 . /	
	MADELINE BACIL	,	Date.	Jet 18/9	8
Signature	: Madeline Mi Dië	el		/	





Form 6	To: the Minister of Natural Resourc	es					
Operator:	CanEnerco Limited	Tel.#	(519) 433-77	10 1	Fax #	(519) 433-7588	
Address:	200 Queens Ave., Suite 480						
	London, On. N6A 1J3						
This form only applies to fluid injection for secondary recovery.							
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.							

Well Name:		Source Pool:		
Township:		Source Formation:		
Tract Lot	Concession	Fluid Type:		
Well Licence #:		Injection Formation:		
Well Status - Mode*:		Injection Pool:		
Injection Permit #:				
* As of Dec. 31 - Acti	ve, suspended, abandoned, te	esting, potential		

,					
Description	on of fluid treatment prior to				
Month	Volume Injected (m³)	Average Daily	Days on	Injection Rate	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	NIL REPORT	,		
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total				

The undersigned certifies that the above information is complete a	nd accurate and he/she has authority to bind the operator.	
Name: John F. Cowan	Date: Feb. 6, 1998	
Signature:	Position Held: V.P., Chief Operating Officer	



3	Ministry	of
3)	Resource	es
ario		

FORM 109 Petroleum Resources Act
ANNUAL REPORT OF MONTHLY **INJECTION**for the year ending December 31, 19 9 7

perator Name:	CHATHAM RESOURCES LTD.	Well Permit No.:	Injection Permit No.
Address:	20 Jackson St. W., Ste. 410 Hamilton, ON	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)
	L8P 1L2	Location:	Injection Formation
		County Township Lot Conc.	

tes: (1) All injection wells operated must be reported

February 24, 1998

(2) All injection must be reported

SIGNATURE:_

(3) Where space is insufficient, attach addional forms,

	INJECTION DATA					AVERAGE DAILY				
-lonth	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10³m)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain)		
an.	WE H	AVE NO WATER I	JECTION WELLS, TH	EREFORE, NO B	RINE WATER WAS	INJECTED	DURING THE YEAR			
cb.										
far.										
Apr.										
fay										
une						,		-		
uly								,		
Aug.										
ept.										
Oct.										
lov.										
Dec.										
OTALS				/						





Annual Report for Monthly Injection for the year 1997

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Nar	ne:		Imperi	ial Becher 77		Source Pool:	Sydenham River & Production
Townshi	p:		5	Sombra		Source Formation:	Salina - A 1 Unit
Tract:	6	Lot:	9	Concession:	5	Fluid Type:	Fresh & Salt Water
Well Lice	ence #	ŧ:		945		Injection Formation:	A 1 Salina - Silurian
Well Sta	tus - N	Mode*:	Po	otential (productio	n)	Injection Pool:	West Becher Unit
Injection	Perm	it #:	Order i	n Council - 17.Ap	r.63		

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

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor,	coagulant, filtered

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

The undersigned certif	ies t	nat i	th∉	above information is complete ar	nd accurate and ne/sne has the au	thority to bind the operator.
Name:		ber	/.	Jane Lowrie	Date:	09.Feb.98
Signature: /	\neg	\forall	$\overline{}$		Position Held:	President



Annual Report for Monthly Injection for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Nan	ne:	Imperial	Becher 7	6 I.W.(853)H. Jo	hnston 1	Source Pool:	Syden	ham River & Production
Townshi	p:			Sombra		Source Formation:		Salina - A 1 Unit
Tract:	6	Lot:	9	Concession:	5	Fluid Type:	Fr	esh & Salt Water
Well Lice	ence	#:		1637		Injection Formation:		A 1 Salina - Silurian
Well Stat	tus -	Mode*:	Т	esting (production	on)	Injection Pool:		West Becher Unit
Injection	Peri	mit #:	Order i	n Council - 17.A	pr.63			

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

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor,	coagulant, filtered

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	dr. Jane Lowrie	Date:	09.Feb.98
Signature:	Kourie	Position Held:	President



Annual Report for Monthly Injection for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Nar	me: Imperial Bluewater (894)				Source Pool:	Thames River	
Township: Dunwich		Source Formation:	Not applicable				
Tract:	5	Lot:	22	Concession:	2	Fluid Type:	Fresh Water
Well Lice	ence #	<i>‡</i> :		1785		Injection Formation:	Cambrian
Well Status - Mode*: Suspended			Injection Pool:	Willey			
Injection Permit #: Energy Board Order 41							

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

Description of fluid treatment prior to injection:	floculation, settling pond	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per: Jane Lowrie	Date:	09.Feb.98	
Signature:	(Kourse	Position Held:	President	





Annual Report for Monthly Injection for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Bluewater (908)		Source Pool:	Thames River					
Townshi	p:			Dunwich		Source Formation:	Not applicable	
Tract:	1	Lot:	23	Concession:	2	Fluid Type:	Fresh Water	
Well Lice	ence #	<i>‡</i> :		1791		Injection Formation:	Cambrian	
Well Status - Mode*: Suspended		Suspended		Injection Pool:	Willey			
Injection Permit #: Energy Board Order 41								

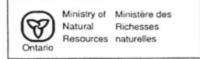
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

,			
١	Description of fluid treatment prior to injection:	floculation, settling pond	
I			
I			

		Average Daily		
		Injection Pressure	Days on	Injection Rate
Month	Volume Injected (m³)	(kPag at wellhead)	Injection	(m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

/	/ 1/	Date:	09.Feb.98
Signature:	Koure	Position Held:	President





Annual Report for Monthly Injection for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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: Atlas # 1		Source Pool:	Thames River
Township:	Dunwich	Source Formation:	Not applicable
Tract: 1 Lot:	23 Concession: 4	Fluid Type:	Fresh Water
Well Licence #:	2509	Injection Formation:	Cambrian
Well Status - Mode*:	Suspended	Injection Pool:	Willey
Injection Permit #:	Energy Board Order 41		

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

Description of fluid treatment prior to injection: floculation, settling pond

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per. Jane Lowrie	Date:	09.Feb.98
Signature:	(Kowne)	Position Held:	President





Annual Report for Monthly Injection for the year 1997

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Dunwich 1-23-I			Source Pool:	Thames River				
Township:			Dunwich		Source Formation:	Not applicable		
Tract:	1	Lot:	23	Concession:	1	Fluid Type:	Fresh Water	
Well Lice	ence #	<i>‡</i> :		2644		Injection Formation:	Cambrian	
Well Status - Mode*:			Suspended		Injection Pool:	Willey		
Injection Permit #:		Ener	gy Board Order 4	1				

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

and the second s						
Description of fluid treatment prior to injection:	floculation, settling pond					

T		Average Daily		
		Injection Pressure	Days on	Injection Rate
Month	Volume Injected (m ³)	(kPag at wellhead)	Injection	(m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per: Jane Lowrie	Date:	09.Feb.98	
Signature:	Kourie	Position Held:	President	





Annual Report for Monthly Injection for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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: Dolphin I.U.P. No. 2			Source Pool:	Thames River			
Townshi	ownship: Dunwich		Source Formation:	Not applicable			
Tract: 5 Lot: 22 Concession: 1		Fluid Type:	Fresh Water				
Well Lice	ence #	£:		2967		Injection Formation:	Cambrian
Well Status - Mode*: Suspended			Injection Pool:	Willey			
Injection Permit #: Energy Board Order 41							

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

	, as a second in the second se) potential	
	Description of fluid treatment prior to injection:	floculation, settling pond	
l			
١			

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per: Jane Lowrie	Date:	09.Feb.98
Signature:	house	Position Held:	President



Annual Report for Monthly Injection for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Nar	Il Name: Dolphin I.U.P. No. 3		Dolphin I.U.P. No. 3 Source Pool:		Source Pool:	Thames River	
Townshi	p:		[Dunwich		Source Formation:	Not applicable
Tract: 2 Lot: 24 Concession: 1		Fluid Type:	Fresh Water				
Well Lice	ence #	<i>‡</i> :		3001		Injection Formation:	Cambrian
Well Status - Mode*: Suspen		Suspended		Injection Pool:	Willey		
Injection Permit #:		Ener	gy Board Order 4	1			

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

	Description of fluid treatment prior to injection:	floculation, settling pond	
ı			
l			

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	er/ Jane Lowrie	Date:	09.Feb.98
Signature:	Koure	Position Held:	President





Annual Report for Monthly Injection for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Oil 251 - Becher 64 - Fruytier 1				- Becher 64 - Fru	Source Pool:	Sydenham River & Production	
Townshi	p:			Sombra		Source Formation:	Salina - A 1 Unit
Tract:	8	Lot:	4	Concession:	5	Fluid Type:	Fresh & Salt Water
Well Lice	ence #	# :				Injection Formation:	A 1 Salina - Silurian
Well Status - Mode*: Testing (production)		Injection Pool:	West Becher Unit				
Injection Permit #: Order in Council - 17.Apr.63							

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

Description of fluid treatment prior to injection: chorine, biocidem corrosion inhibitor, coagulant, filtered

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per:	Aane Lowrie	Date: 0	9.Feb.98
Signature:	4	Kourie	Position Held:	President





Annual Report for Monthly Injection for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Oil 123 - Becher 22 - McEvoy					Source Pool:	Sydenha	am River & Production	
Township: Sombra				Source Formation:		Salina - A 1 Unit		
Tract:	5	Lot:	6	Concession:	5	Fluid Type:	Fres	sh & Salt Water
Well Lic	ence #	t:				Injection Formation:	A	A 1 Salina - Silurian
Well Status - Mode*: Abandoned			Injection Pool:	V	Vest Becher Unit			
Injection Permit #: Order in Council - 17.Apr.63								

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

Description of fluid treatment prior to injection: chorine, biocidem corrosion inhibitor, coagulant, filtered

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per:	Aane	Lowrie	Date:	09.Feb.98
Signature:		K	ourie	Position Held:	President



Ministry of Ministère des Natural Richesses Resources naturelles

Oil, Gas and Salt Resources Act

Annual Report for Monthly Injection for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Oil 235 - Becher 55 - Johnston 3				Becher 55 - Johr	Source Pool:	Sydenham River & Production	
Township	o:			Sombra		Source Formation:	Salina - A 1 Unit
Tract:	1	Lot:	8	Concession:	5	Fluid Type:	Fresh & Salt Water
Well Lice	nce	#:				Injection Formation:	A 1 Salina - Silurian
Well Status - Mode*: Testing (production)			Injection Pool:	West Becher Unit			
Injection Permit #: Order in Council - 17.Apr.63							

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor,	coagulant, filtered
- Cooking and a cooking		ouguan, mores

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

The undersigned certifies that the all	ve information is complete and accurate and he/s	she has the authority to bind the operator.
--	--	---

	Name:	per	k	age Lowrie	Date:	09	.Feb.98	
ĺ	Signature:		7	Course	Position Held:		President	





Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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.

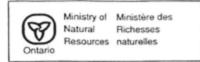
Well Name: Imperial Oil 220 - Becher 53 - Johnston 2		Source Pool:	Sydenham River & Production				
Township: Sombra		Source Formation:	Salina - A 1 Unit				
Tract:	2	Lot:	9	Concession:	5	Fluid Type:	Fresh & Salt Water
Well Lice	ence #	# :				Injection Formation:	A 1 Salina - Silurian
Well Status - Mode*: Suspended		Injection Pool:	West Becher Unit				
Injection Permit #: Order in Council - 17.Apr.63							

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor,	coagulant, filtered

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

The undersigne	ed certifies that the above information is co	mplete and accurate and he/she ha	s the authority to bind the operator.	
Name:	per: Jane Lowrie	Date:	09.Feb.98	
Signature:		Position Held:	President	





Annual Report for Monthly Injection for the year 1997

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Oil 196 - Becher 33 - Griffith 1			Source Pool:	Sydenham River & Production			
Township: Sombra		Source Formation:	Salina - A 1 Unit				
Tract:	8	Lot:	8	Concession:	6	Fluid Type:	Fresh & Salt Water
Well Lice	ence #	# :				Injection Formation:	A 1 Salina - Silurian
Well Sta	tus - N	Mode*:		Suspended		Injection Pool:	Becher Pilot Waterflood Pool
Injection	Perm	nit #:					

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

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor,	coagulant, filtered

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per: Jane Lowrie	Date:	09.Feb.98
Signature:	Koure	Position Held:	President





Annual Report for Monthly Injection for the year 1997

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				_

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.

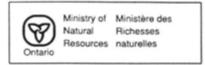
Well Nar	ne:	Imperial Oil 180 - Becher 34 - Johnston 3		Source Pool:	Sydenham River & Production		
Townshi	p:		;	Sombra		Source Formation:	Salina - A 1 Unit
Tract:	6	Lot:	9	Concession:	6	Fluid Type:	Fresh & Salt Water
Well Lice	ence	#:				Injection Formation:	A 1 Salina - Silurian
Well Status - Mode*: Suspended		Injection Pool:	Becher Pilot Waterflood Pool				
Injection	Pern	nit #:					

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor,	coagulant, filtered

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per Jane Lowrie	Date:	09.Feb.98
Signature:	Mourie	Position Held:	President





for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				_
	London, Ontario, N6J 1Y4		_		

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 Becher 77				ial Becher 77	Source Pool:	Sydenham River & Production	
Township: Sombra			Source Formation:	Salina - A 1 Unit			
Tract:	6	Lot:	9	Concession:	5	Fluid Type:	Fresh & Salt Water
Well Lice	ence #	<i>‡</i> :		945		Injection Formation:	A 1 Salina - Silurian
Well Status - Mode*: Potential (production)		Injection Pool:	West Becher Unit				
Injection Permit #: Order in Council - 17.Apr.63							

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor, coagulant, filtered

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

The undersigned cert	ifies	that	the at	obve information is complete an	nd accurate and he/she has the auth	nority to bind the operator.
Name:	/	bei	/ Jø	ne Lowrie	Date:	09.Feb.98
Signature:		X	or	ne	Position Held:	President





Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Becher 76 I.W.(853)H. Johnston 1 Source Pool: Sydenham River & Production						Sydenham River & Production	
Township: Sombra				Sombra		Source Formation:	Salina - A 1 Unit
Tract:	6	Lot:	9	Concession	: 5	Fluid Type:	Fresh & Salt Water
Well Licence #: 1637		Injection Formation:	A 1 Salina - Silurian				
Well Status - Mode*: Testing (production)		Injection Pool:	West Becher Unit				
Injection Permit #: Order in Council - 17.Apr.63							

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

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor, coagulant, filtered

		Average Daily Injection Pressure	Days on	Injection Rate
Month	Volume Injected (m3)	(kPag at wellhead)	Injection	(m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	gr. Jane Lowrie	Date:	09.Feb.98
Signature:	Hourse	Position Held:	President





Annual Report for Monthly Injection for the year 1997

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Nar	Vell Name: Imperial Bluewater (894)			Source Pool:	Thames River
Townshi	Township: Dunwich		Source Formation:	Not applicable	
Tract:	ract: 5 Lot: 22 Concession: 2		Fluid Type:	Fresh Water	
Well Licence #: 1785		Injection Formation:	Cambrian		
Well Status - Mode*: Suspended		Injection Pool:	Willey		
Injection Permit #: Energy Board Order 41					

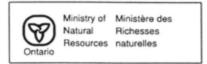
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	floculation, settling pond	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per: Jane Lowrie	Date:	09.Feb.98
Signature:	(Koure	Position Held:	President





Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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:	/ell Name: Imperial Bluewater (908)			Imperial Bluewater (908) Source Pool:		Thames River		
Township: Dunwich			Source Formation:	Not applicable				
Tract:	1	Lot:	23	Concession:	2	Fluid Type:	Fresh Water	
Well Licenc	e #	t:		1791		Injection Formation:	Cambrian	
Well Status - Mode*: Suspended			Injection Pool:	Willey				
Injection Permit #: Energy Board Order 41		11						

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

Description of fluid treatment prior to injection:	floculation, settling pond	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per: Jane Lowrie	Date:	09.Feb.98
Signature:	Kourie	Position Held:	President





Annual Report for Monthly **Injection** for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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	9:		Atlas # 1			Atlas # 1			Source Pool:	Thames River	
Township: Dunwich			Source Formation:	Not applicable							
Tract:	1	Lot:	23	Concession:	4	Fluid Type:	Fresh Water				
Well Licen	ce#	ŧ:		2509		Injection Formation:	Cambrian				
Well Status - Mode*: Suspended			Injection Pool:	Willey							
Injection Permit #: Energy Board Order 41		11									

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

Description of fluid treatment prior to injection:	floculation, settling pond	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name: per	Jane Lowrie	Date:	09.Feb.98
Signature:	Kowne	Position Held:	President





Annual Report for Monthly **Injection** for the year 1997

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Dunwich 1-23-I			Source Pool:	Thames River		
Township: Dunwich			Source Formation:	Not applicable		
Tract: 1	Lot:	23	Concession:	1	Fluid Type:	Fresh Water
Well Licence #	:		2644		Injection Formation:	Cambrian
Well Status - Mode*: Suspended			Injection Pool:	Willey		
Injection Permit #: Energy Board Order 41						

Description of fluid treatment prior to injection:	floculation, settling pond	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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

Name:	per: Jane Lowrie	Date:	09.Feb.98
Signature:	Kourie	Position Held:	President





Annual Report for Monthly Injection for the year 1997

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Nar	Well Name: Dolphin I.U.P. No. 2			Source Pool:	Thames River		
Townshi	ip:			Dunwich		Source Formation:	Not applicable
Tract:	5	Lot:	22	Concession:	1	Fluid Type:	Fresh Water
Well Licence #: 2967		Injection Formation:	Cambrian				
Well Status - Mode*: Suspended		Injection Pool:	Willey				
Injection Permit #: Energy Board Order 41							

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

Description of fluid treatment prior to injection:	floculation, settling pond	
	,	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	. 0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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

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

Date: 09.Feb.98

Name: per: Jane Lowrie Date: 09.Feb.98

Signature: Position Held: President





for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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: Dolphin I.U.P. No. 3			Source Pool:	Thames River			
Township: Dunwich			Source Formation:	Not applicable			
Tract:	2	Lot:	24	Concession:	1	Fluid Type:	Fresh Water
Well Licence #: 3001		Injection Formation:	Cambrian				
Well Status - Mode*: Suspended		Injection Pool:	Willey				
Injection Permit #: Energy Board Order 41							

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

As or Beet of " Active, suspended, abandoned, testing	i, poternai	
Description of fluid treatment prior to injection:	floculation, settling pond	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	er/ Jane Lowrie	Date:	09.Feb.98
Signature:	Koure	Position Held:	President





for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Oil 251 - Becher 64 - Fruytier 1						Source Pool:	Sydenham River & Production	
Township: Sombra						Source Formation:	Salina - A 1 Unit	
Tract:	8	Lot:	4	Concession:	5	Fluid Type:	Fresh & Salt Water	
Well Lice	Well Licence #:					Injection Formation:	A 1 Salina - Silurian	
Well Status - Mode*: Testing (production)		Injection Pool:	West Becher Unit					
Injection Permit #: Order in Council - 17.Apr.63								

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

Description of fluid treatment prior to injection: chorine, biocidem corrosion inhibitor, coagulant, filtered

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per:	Marie	Lowrie	Date:	09.Feb.98
Signature:	4	K	une	Position Held:	President





for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Oil 123 - Becher 22 - McEvoy						Source Pool:	Sydenham River & Production
Township: Sombra						Source Formation:	Salina - A 1 Unit
Tract:	5	Lot:	6	Concession:	5	Fluid Type:	Fresh & Salt Water
Well Licence #:						Injection Formation:	A 1 Salina - Silurian
Well Status - Mode*: Abandoned				Injection Pool:	West Becher Unit		
Injection Permit #: Order in Council - 17.Apr.63				n Council - 17.Ap			

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor, coagulant, filtered

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

The undersigned	certifies that the abo	bye information is comple	ete and accurate and he/she ha	as the authority to bind the operator.
Name:	per: Aag	e Lowrie	Date:	09.Feb.98
Signature:	C/X	ourie	Position Held:	President





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

for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Oil 235 - Becher 55 - Johnston 3				Becher 55 - John	Source Pool:	Sydenham River & Production	
Township: Sombra			Source Formation:	Salina - A 1 Unit			
Tract:	1	Lot:	8	Concession:	5	Fluid Type:	Fresh & Salt Water
Well Lice	ence	#:				Injection Formation:	A 1 Salina - Silurian
Well Status - Mode*: Testing (production)		Injection Pool:	West Becher Unit				
Injection Permit #: Order in Council - 17.Apr.63							

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

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor, coagulant, filtered

		Average Daily Injection Pressure	Days on	Injection Rate
Month	Volume Injected (m³)	(kPag at wellhead)	Injection	(m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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

Name: /p	er Jape Lowrie	Date:	09.Feb.98
Signature:	Kourie	Position Held:	President





Oil, Gas and Salt Resources Act Annual Report for Monthly Injection

for the year 1997

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Oil 220 - Becher 53 - Johnston 2				Becher 53 - Johr	Source Pool:	Sydenham River & Production	
Township: Sombra				Sombra	Source Formation:	Salina - A 1 Unit	
Tract:	2	Lot:	9	Concession:	5	Fluid Type:	Fresh & Salt Water
Well Lice	ence	#:				Injection Formation:	A 1 Salina - Silurian
Well Status - Mode*: Suspended		Injection Pool:	West Becher Unit				
Injection Permit #: Order in Council - 17.Apr.63							

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

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor, coagulant, filtered

		Average Daily Injection Pressure	Days on	Injection Rate
Month	Volume Injected (m ³)	(kPag at wellhead)	Injection	(m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

The undersigned certifies that the above information is complete and accurate and hersite has the admonty to bind the operator.						
Name:	/p	er:	Jame Lowrie	Date:	09.Feb.98	
Signature:		X	ourse	Position Held:	President	
		-	00			





Oil, Gas and Salt Resources Act Annual Report for Monthly Injection for the year 1997

			-	
_	^	 **		

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Oil 196 - Becher 33 - Griffith 1			Source Pool:	Sydenham River & Production			
Township: Sombra				Sombra	Source Formation:	Salina - A 1 Unit	
Tract:	8	Lot:	8	Concession:	6	Fluid Type:	Fresh & Salt Water
Well Lice	ence #	# :				Injection Formation:	A 1 Salina - Silurian
Well Status - Mode*: Suspended			Injection Pool:	Becher Pilot Waterflood Pool			
Injection Permit #:							

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

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor, coagulant, filtered

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

The undersigned	certifies that	/tnej	above information is complete an	nd accurate and ne/sne has the aut	nonty to bind the operator.
me:	Aunk	r:/.	lane Lowrie	Date:	09.Feb.98

Name:	per: Jane Lowrie	Date:	09.Feb.98
Signature:	Koure	Position Held:	President





Annual Report for Monthly Injection for the year 1997

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

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 Oil 180 - Becher 34 - Johnston 3				Becher 34 - John	Source Pool:	Sydenham River & Production	
Township: Sombra					Source Formation:	Salina - A 1 Unit	
Tract:	6	Lot:	9	Concession:	6	Fluid Type:	Fresh & Salt Water
Well Licence #:					Injection Formation:	A 1 Salina - Silurian	
Well Status - Mode*: Suspended			Injection Pool:	Becher Pilot Waterflood Pool			
Injection Permit #:							

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

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor, coagulant, filtered

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	. 0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

i ne undersigned	certifies that the above	information is complete and accurate an	id flersfie flas tile additionty to bind the operator.	
Name:	pert Jane	Lowrie Date:	09.Feb.98	
Signature:	C/Y mu	Position He	eld: President	





FORM 109 Petroleum Resources Act ANNUAL REPORT OF MONTHLY **INJECTION**

for the year ending December 31, 1997

Operator Name: Crich Holdings and Buildings Limited	Well Permit No.:	Injection Permit No.
Address:	Well Name: McNeil	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)
	Location:	Injection Formation
	County Township Lot Conc.	

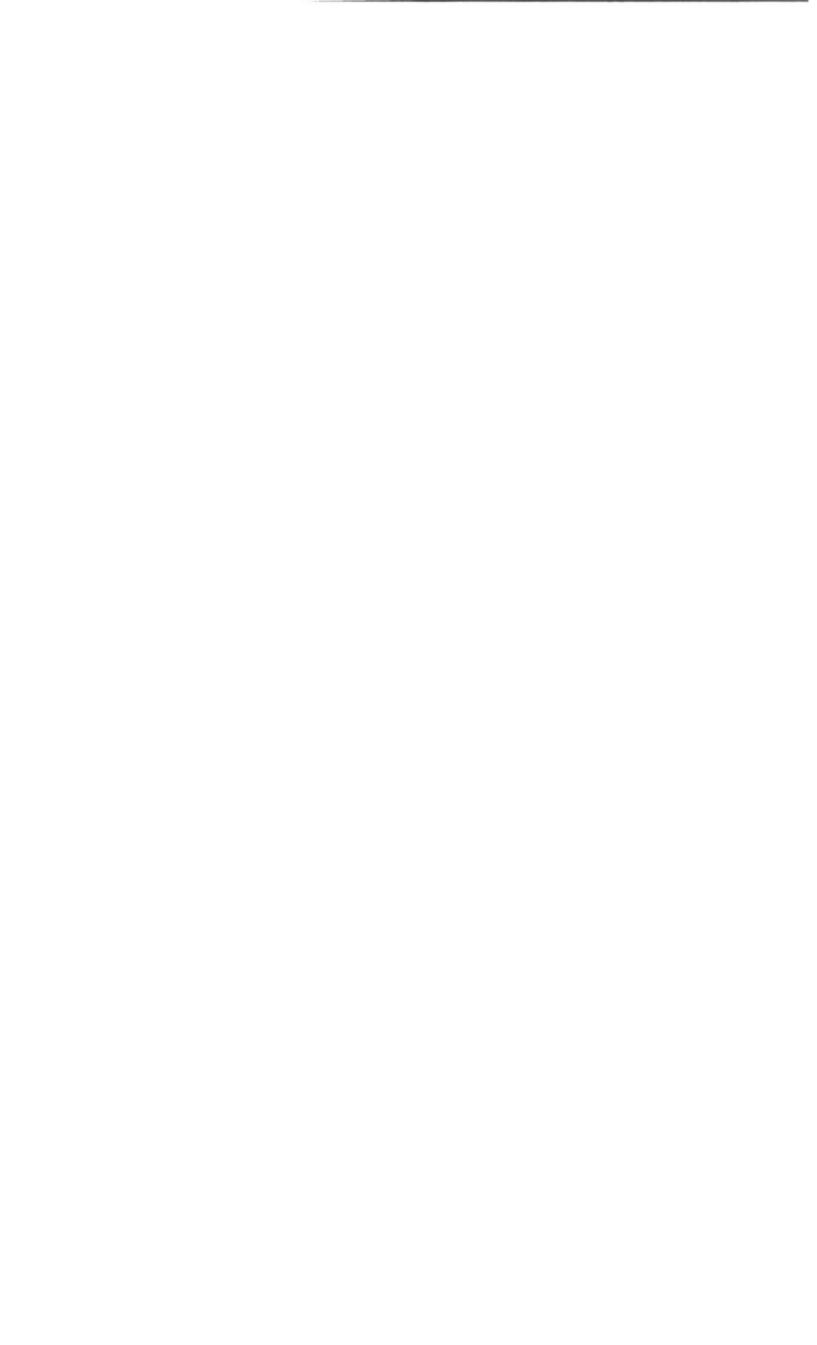
otes: (1) All injection wells operated must be reported

January 26, 1998

(2) All injection must be reported

(3) Where space is insufficient, attach addional forms

		INJECTION	DATA				AVERAGE DAILY			
Month	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10³m)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain)		
Jan.	N/A				^	,		,		
Feb.										
Mar.										
Apr.										
May										
June		,								
July								1		
Aug.										
Sept.										
Oct.										
Nov.							Υ	,		
Dec.										
TOTALS				0' 4						



Winistry of Natural Resources

FORM 109 Petroleum Resources Act ANNUAL REPORT OF MONTHLY INJECTION

for the year ending December 31, 19 97

perator Nar	ne:Crich Holdin	ngs and Buildings L	imited⁴	Well Perm	nit No.:			Injection Permit No.				
ddress:				Well Nam	Straatnan	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)			anced Recovery/			
•				Location:	County	Township Lot	Conc.	Injection Formation				
es: (1) Al	l injection wells opera	ated must be reported	(2) All injection mu	st be reporte	ed (3) Where space	is insufficient, attach addie	onal forms					
		INJECTION	N DATA					AVERAGE DAILY				
onth	Fluid Source	Fluid Type	Fluid Treatment Pri Injection	ior to	Volume Injected (10³m)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain)			
n.	N/A											
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ar.												
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TALS		I		- 1					1			

Ministry of Natural Resources

FORM 109 Petroleum Resources Act ANNUAL REPORT OF MONTHLY INJECTION for the year ending December 31, 1997

rator Name: Crich Holdings and Buildings Limited	Well Permit No.: Peaslee/Campbell	Injection Permit No.
ress:	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)
	Location:	Injection Formation

s: (1) All injection wells operated must be reported

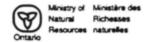
January 26, 1998

(2) All injection must be reported

(3) Where space is insufficient, attach addional forms

		INJECTION	N DATA		AVERAGE DAILY					
onth	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10³m)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain)		
n.	N/A									
b.,										
ur.								, ,		
r. ·										
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x.				wice officer.				***		
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c.										
TALS										





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

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The contract of the contract
Injection Rate
(m³/day)
4
4



FORM 109

Petroleum Resources Act

ANNUAL REPORT OF MONTHLY INJECTION for the year ending December 31, 19 97

AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		·
Operator Name: Fairfield Oil Field (Lee Earl Frennan)	Well Permit No.: 72 4/	Injection Permit No. 724/
0) 110 - 1/2011	Well Name: Kodyen Disposal (Fairfield Oi) Field)	Purpose of Injectica (Secondary Recovery/Enhanced Recovery/Other-Describe)
Bothwell, Ontaine NOPICO	Location: Kent county Zone Township Lot / Conc. THE	Injection Formation Setroit River Zone

(1) All injection wells operated must be reported

(2) All injection must be reported

(3) Where space is insufficient, attach addional forms

Ē			INJ	ECTION	V DA	r A		AVERAGE DAILY						
Month	Fluid S	остое	Fluid Typ	c	Floid Treat	treat Prior to	Volume Injected (10 m)	Inj. Press (kPa) K	ilo,pasca)s	Inj. Rate (m³/day)	Days on Injection		Wed Status (Active, Susp	
Jan.	Turace	Commons	Saltur	Water	1	1/A	1107	20	6.8	46.1	31		Ac	tive
Feb.		1	,			7	1143		1		28		1	
Mar.							1020				1 . 31			
Apr.						1	1433				30			
May	2.0						1484	7			31			
lune	100						1558		1.47		30	S. 45 5	- T	
wy		1,000					1516			23.4 25.52	31.	- 1 - 1 - 5 - C - 6		
56 (mg.							1455				3		841.45 m	
ept.							1437		1.00		30	A NAME		(A 18 18 18 18 18 18 18 18 18 18 18 18 18
8 kg.		14 P.		Market Control	37.7		1538				31			
lov.							1575		1	(30		^	1
eg ∞c .	A		1	1	1	/	1575	1	/	A	3/		1	
OTALS							16.841	706-	2 (Areres)	4601 Average				
NE F	b. 3	190	18		SH	GNATURE.	Loo. Earl.			7941 776114				** ** ** ** ** ** ** ** ** ** ** ** **



Windstry of Natural . Resources

FORM 109 Petroleum Resources Act
ANNUAL REPORT OF MONTHLY INJECTION
for the year ending December 31, 19 97

the same of the sa		
Operator Name: Fairfield Oil Field (2ee Earl Frennan)	Well Permit No.: 72 4/	Injection Permit No. 724/
Address: R. R. 3	Well Name: Kodyen Disposal (Fairfield Oi) Field)	Purpose of Injection (Secondary Recovery/Enhanced Recovery/Other-Describe)
Bothwell, Ontaño NOPICO	Location: Kent county Zone Township Lot Cone III	Injection Formation Setroit River Zone

Xes: (1) All injection wells operated must be reported (2) All injection must be reported (3) Where space is insufficient, attach additional forms

IN IECTION DATA

			-INJ	ECTIO	NDAT	A		1.	AVERAGE DAILY						
Month	Fluid S	Injection Fluid Type Fluid Treatment Prior to Volume Injected (KPa) Kilopasca Inj. Rate (m²/day)		Days on Injection Well States (Active, Suspended,			ezded, Other -expl								
Jan	Punter	Colonors	Suttur	Water	1	IA	1107		06.8	146.1	31			stive	
Fab.							1143		1.	1	28		1		
Mar.							1020				31				
Apr.							1433	1			30		1		
May							1484		1		31	a Sept to a			
une			£ ** * * .				1558			1	30				
uly	V.						1516		-		31				
C LHE							1455				31		14.70.6	A Section	
car.							1437	1 1 1 1 1 1 1 1 1	Jan.		30			7-up.	
b ha.							1538				31				
·ov.			,	1		/	1575		1	1	30		1	/	
85 ec.			4	V	V	/	1575	-	1	V	31		1	/	
DTALS	1						16.841	2060	8 (Arerane)	46.1 Arecare					
	eb. 3	190	18		sk	NATURE:	16.841 Lee Earl	1206.	8 (Arosing)	46.1 Average	365		1		



LAST REPORT!

Annual Report of Monthly Injection

for the year _____1997

(WE NOW HAVE NO SECONDARY

Form 6	To: the Minister of Natural Resource	es	RECOVERY INJECTION WELLS					
Operator:	Gaiswinkler Enterprises Ltd.	Tel. # 519-354-4755	Fax # 519-354-1730					
Address	PO Box 367							
	Chatham, ON N7M 5K5							
This form only applies to fluid injection for secondary recovery.								
All injection	on wells must be reported and all injection	must be reported. If space	is insufficient attach additional forms.					

Well Name:	N/A			Source Pool:	N/A
Township:	N/A			Source Formation:	N/A
Tract	Lot	Concession	N/A	Fluid Type:	N/A
Well Licence	e #:	N/A		Injection Formation:	N/A
Well Status	- Mode*:	N/A		Injection Pool:	N/A
Injection Per	mit #:	N/A			

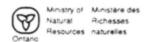
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

	Description of fluid treatment prior to injection:	
	N/A	
ĺ		

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)	
Jan	NIL	NIL	NIL	NIL	
Feb					
Mar					
April					
May					PE
June					E
July					TRUE IN
Aug					150
Sep					152
Oct					123
Nov				,	000
Dec					
Total					

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

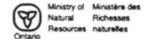
Name: Andrew Gaiswinkler	Date: February 13, 1998	
Signature:	Position Held: President	
archew Statewirth		



Annual Report of Monthly **Injection** for the year ____1997__

	n only applies to fluid injection wells must be reported and			ed. If space is ir	nsufficient attach additional for
Well Name:				Pool:	
Township:				Formation:	
Tract Lot Concession				ype:	
Well Lice				n Formation:	
	tus - Mode*:		Injection	n Pool:	
Marine Marine	Permit #:				
* As of D	Dec. 31 - Active, suspended, ab	andoned, testing,	potential		
	on of fluid treatment prior to i	njection:			
NI	L				
		-			***************************************
Month	Volume Injected (m³)	Average Daily Injection Pres	sure	Days on Injection	Injection Rate (m³/day)
		(kPag at well	head)		
Jan	NIL				-
Mar April					
Mar April May					
Mar April May					
Mar April May June					
Mar April May June July					
Mar April May June July Aug					
Mar April May June July Aug Sep					
Mar April May June July Aug Sep Oct					
Feb Mar April May June July Aug Sep Oct Nov Dec					





Form 6

Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

Annual Report of Monthly **Injection** for the year 1997

Operator:	LAKEVILLE HOLDIN	GS INC.	Tel. #(519)6	83-1636 Fax	(#(519) 683-1639	
Address P. O. Box 929, P. R. #4						
DRESC	DEN ON MOPIA	10				
	n only applies to fluid injection					
The state of the s	the second secon	d all injection	CONTRACTOR OF THE PARTY OF THE	THE R. P. LEWIS CO., LANSING, MICH. 49-14039-1-120-1	nsufficient attach additional forms.	
Well Nan				Source Pool:		
Township:				Source Formation:		
Tract	Lot Concession	n		Fluid Type:		
Well Lice				on Formation:		
	tus - Mode*:		Injection	on Pool:		
	Permit #:					
* As of D	Dec. 31 - Active, suspended, a	bandoned, testi	ng, potential			
Decement	on of Guid treatment prior to	i-iti				
Descripti	on of fluid treatment prior to	injection:				
				-/-		
				/		
Month	Volume Injected (m ³)	Average I	Daily	Days on	Injection Rate	
	, commo angresses (mar)	Injection l		Injection	(m³/day)	
		(kPag at v	vellbead)			
Jan	NIC					
Feb	NIC					
Mar	NIC					
April	NIC					
May	NIC /					
June	NIC					
July	NIC /					
Aug	NIC				* 1	
Sep	NIC					
Oct	DIC					
Nov	NIC					
Dec	NIC					
Total	WIL					
	rsigned certifies that the above in	nformation is con		rate and he/she ha	s authority to bind the operator.	
Name:	Peter Miller		Date:	Fe 513/9	S	
Signatur				,		
	141111111111111111111111111111111111111					





Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection for the year 1917

Form 6 To: the Minister of Natural Resource	es
Operator: LONNIE BARNES	Tel. #519-834-2339 Fax #
Address 2581 DURYEE ST	
OIL SPRINGS ON , NON IPO	

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: MAC GILLIVAAY	Source Pool:
Township: ENNISKILLEN	Source Formation: 248'
Tract Lot 18 Concession 2	Fluid Type: FRESH WATER
Well Licence #: N/A	Injection Formation: DUNDEE
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: N/A	

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

Descripti	on of fluid treatment prior to injection:	And the second of the second o
pond	settling	

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	1410.50	2756.92 KAg	31	45.5
Feb	1274.00	(400 PSI)	28	
Mar	1410 · 50		31	
April	1365.00		30	
May	1410.50		31	
June	1365.00		30	
July	1410.50		31	
Aug	1410·SO		31	
Sep	1365.00		30	
Oct	1410.50		31	
Nov	1365.00		30	
Dec	1410-50		31	
Total	16 607.50	2756.92 KPag	365	16,607.50

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

Name: DONNA BARNES	Date: JAN. 21 , 1998
Signature: Donna Barnes	



Ministry of Natural . Resources FORM 109

Jan. 20, 1998

Petroleum Resources Act

ANNUAL REPORT OF MONTHLY INJECTION

for the year ending December 31, 19_97

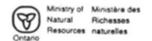
(January 1 thru June 26, 1997)

148	STRY OF N	ATUR	L PESCH	RCES;
	REC	500	VED	
	FEB	3.	1998	

Operator Name: Milton Resources Ltd.				Well Permit No.:			Injection Permit No.			
Address: 450 Talbot St. P. O. Box 5005 London, Ont., Canada N6A 5G4				Well Name:				Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe) Injection Formation		
				Location: County Township Lot Conc.						
Res: (1) A	l injection wells ope	erated must be reported	(2) All injection m	ust be report	ed (3) Where space	is insufficient, attach addi	onal forms	•		
		INJECTIO	NDATA					AVERAGE	DAILY	
Month	Fluid Source	Fluid Type	Fluid Treatment Pr Injection	rior to	Volume Injected (10 ³ m)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection		Well Status (Active, Suspended, Other -explain
lan.										
Feb.			NONE							
Mar.										
Apr.	. *									
May						,				
une										
uly										
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TOTALS										

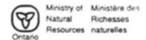
Norman D. FitzGerald, President





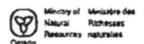
Annual Report of Monthly **Injection** for the year <u>1997</u>

11/all NT	ion wells must be reported and	THE RESIDENCE OF THE PARTY OF T	According to the second	THE RESIDENCE OF THE PARTY OF T	sufficient attach additional form	
Township	ne:MORNINGSTARDIC	PROD. CI	Source	Formation:		
Tract	Lot 19 Concession	ΙΤ	Fluid		D**C	
Well Lice					ANE	
	us - Mode*:		Injecti	on Pool:	O INSECTION WELL	
	Permit #:		- Injecti	011 1 001.		
_	Dec. 31 - Active, suspended, aba	ndoned testing	potential			
713 01 2	rec. 51 - Neuve, suspended, aca	ndoned, testing,	potentiai			
Descripti	on of fluid treatment prior to in	jection: F12	TER	NOTE AND DESCRIPTION OF THE PARTY OF THE PAR		
•	•	17		E WELLS		
		,			_	
Month	Volume Injected (m ³)	Average Daily		Days on	Injection Rate	
		Injection Pres (kPag at well)		Injection	(m³/day)	
Jan			LBS	24 has	28 BARRELS	
Feb			BS	2000	Of WATER	
Mar		330 6	-	BONY	PER DRY	
April		٠,	,		TEN DRY	
May		1,	,		1	
June		T .	-,			
July		',	,			
Aug		,	-			
Sep		4				
OCP			.,			
Oct		4.	.,			
	1		٠,			
Oct				1		



Operator:	PARAGON PETROLES			46-5015	Fax #	244-2742-
	# 1100,530-8 Aug SW	Caicasu		50/5		100 11/12
	AB T2P 358	cagary				
This form	only applies to fluid injection	n for seconda	ry recovery			N. Commercial Control of the Control
	on wells must be reported and				ce is insuf	fficient attach additional forms
Well Nan	ne:			rce Pool:		
Township			Sou	ce Formation	n:	
Tract	Lot Concession	1		d Type:		
Well Lice				ction Format	ion:	
	us - Mode*:		Inje	ction Pool:		
Injection	Permit #:					
* As of D	ec. 31 - Active, suspended, at	oandoned, testi	ing, potentia	ıl		
Description	on of fluid treatment prior to i	njection:				
		-				
Month	Volume Injected (m³)	Average I	Daily	Days on	T	Injection Rate
Month	volume injected (iii)	Injection		Injection		(m³/day)
		(kPag at v				(,
Jan						
Feb						
Mar						
April	FORM NOT A	PPLICARLE	TO 1	RAGEN.		
May	7 57 67 70		7- 77	1		
June						
July						
Aug						
Sep						
Oct						
Nov						
Dec						
Total						
		-				
	signed certifies that the above in	formation is cor	mplete and ac	curate and he	she has au	thority to bind the operator.
Name:	DAWN ERICKSON-BY	Rown	Dat	e: /3-	Februa	ry 1998.
Signature	: Not sicker-BS	Ain				0
	THE MUKSUZ-100	ui,				





Annual Report of Monthly Injection for the year 1997

Form 6 To: the Minister of Natural Resources

Operator: Pembina Resources	Tel. # (403) 237-1902 Fax # (403) 237-1234
Address 2400, 855-2rd Street, Calgary, Alberta	
T2P 4J9	

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: Mersea 1-12-A	Source Pool: Source Formation: Ordovician		
Township: Mcrsea			
Tract 1 Lot 12 Concession A	Pluid Type: Oilfield Brine		
Well Licence #:	Injection Formation: Trenton/Kirkfield		
Well Status - Mode*: Active	Injection Pool:		
Injection Permit #: TA 40048IP			

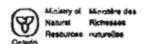
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	3,132.0	4,800	479	156.9
Feb	2,246.0	460	333	161.9
Mar	1,144.0	0	283	97.0
April	3,050.0	3,350	710	103.1
May	3,518.0	4,213	729	115.8
June	3,337.0	4,300	703	113.9
July	3,386.0	4,300	707	114.9
Aug	3,010.0	4,300	646	111.8
Sep	2,340.0	4,627	509	110.3
Oct	2,917.0	4,542	667	105.0
Nov	2,820.0	4,613	597	113.4
Dec	3,167.0	4,810	693	109.7
Total	34.067	44,315	7056	1413.7

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

Name: Marilyn Johnson	Date: February 12, 1998
Signature: Morily Oppose	



Annual Report of Monthly Injection for the year 1997

Form 6 To: the Minister of Natural Resources

Operator: Pembina Resources	Tel. # (403) 237-1902 Fax #	(403) 237-1234
Address 2400, 855-2 nd Street, Calgary, Alberta		
T2P 419		

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: Mersea 6-23-VII	Source Pool: Source Formation: Ordovician Fluid Type: Oilfield Brine	
Township: Mersea		
Tract 6 Lot 23 Concession VII		
Well Licence #: 6935	Injection Formation: Trenton/Kirkfield	
Well Status - Mode*: Active	Injection Pool:	
Injection Permit #: TA 40049 IP		

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m')	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	8.399.0	1,800	744	270.9
Feb	7,236.0	1,350	660	263.1
Mar	9,308.0	2,100	729	306.4
April	8,620.0	1,900	679	304.7
May	8,402.0	1,765	724	278.5
June	4,333.0	1,500	422	246.4
July	7,662.0	1,335	699	263.1
Aug	8,096.0	1.900	622	312.4
Sep	7,972.0	2,183	688	278.1
Oct	8,325.0	2,094	740	270.0
Nov	7,174.7	1,970	702	245.3
Dec	4,108.3	952	412	239.3
Total	89,636	20,849	7821	3278.2

Name: Murilyn Johnson	Date: February 12, 1998
Signature: Marries Johnson	





Annual Report of Monthly **Injection** for the year 1997

Form 6 To: the Minister of Natural Resources

Operator: Pembina Resources	Tel. # (403) 237-1902 Fax # (403) 237-1234
Address 2400, 855-2 nd Street, Calgary, Alberta	
T2P 4J9	

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: Mersea 1-12-A	Source Pool:	
'ownship: Mersea Source Formation: Ordovician		
Tract 1 Lot 12 Concession A	Fluid Type: Oilfield Brine	
Well Licence #:	Injection Formation: Trenton/Kirkfield	
Well Status - Mode*: Active	Injection Pool:	
Injection Permit #: TA 40048IP		

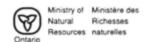
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	3,132.0	4,800	479	156.9
Feb	2,246.0	460	333	161.9
Mar	1,144.0	0	283	97.0
April	3,050.0	3,350	710	103.1
May	3,518.0	4,213	729	115.8
June	3,337.0	4,300	703	113.9
July	3,386.0	4,300	707	114.9
Aug	3,010.0	4,300	646	111.8
Sep	2,340.0	4,627	509	110.3
Oct	2,917.0	4,542	667	105.0
Nov	2,820.0	4,613	597	113.4
Dec	3,167.0	4,810	693	109.7
Total	34,067	44,315	7056	1413.7

Name: Marilyn Johnson	Date: February 12, 1998
Signature: Marily Johnson	





Annual Report of Monthly **Injection** for the year 1997



Form 6 To: the Minister of Natural Resources

Operator: Pembina Resources	Tel. # (403) 237-1902	Fax # (403) 237-1234
Address 2400, 855-2 nd Street, Calgary, Alberta		
T2P 4J9		

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: Mersea 1-12-A	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 1 Lot 12 Concession A	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton/Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40048IP	

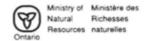
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	3,132.0	4,800	479	156.9
Feb	2,246.0	460	333	161.9
Mar	1,144.0	0	283	97.0
April	3,050.0	3,350	710	103.1
May	3,518.0	4,213	729	115.8
June	3,337.0	4,300	703	113.9
July	3,386.0	4,300	707	114.9
Aug	3,010.0	4,300	646	111.8
Sep	2,340.0	4,627	509	110.3
Oct	2,917.0	4,542	667	105.0
Nov	2,820.0	4,613	597	113.4
Dec	3,167.0	4,810	693	109.7
Total	34,067	44,315	7056	1413.7

Name: Marilyn Johnson	Date: February 12, 1998
Signature: Marily Johnson	





FEB 1 3 1998 PETROLEUM RESOURCES

Annual Report of Monthly **Injection** for the year 1997

Form 6	To:	the	Minister	of	Natural	Resources

Operator: Pembina Resources	Tel. # (403) 237-1902 Fax # (403) 237-1234
Address 2400, 855-2 nd Street, Calgary, Alberta	
T2P 4J9	

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: Mersea 6-23-VII	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 6 Lot 23 Concession VII Fluid Type: Oilfield Brine	
Well Licence #:	Injection Formation: Trenton/Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

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

Description of fluid treatment prior to injection:	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	8,399.0	1,800	744	270.9
Feb	7,236.0	1,350	660	263.1
Mar	9,308.0	2,100	729	306.4
April	8,620.0	1,900	679	304.7
May	8,402.0	1,765	724	278.5
June	4,333.0	1,500	422	246.4
July	7,662.0	1,335	699	263.1
Aug	8,096.0	1,900	622	312.4
Sep	7,972.0	2,183	688	278.1
Oct	8,325.0	2,094	740	270.0
Nov	7,174.7	1,970	702	245.3
Dec	4,108.3	952	412	239.3
Total	89,636	20,849	7821	3278.2

Name: Marilyn Johnson	Date: February 12, 1998
Signature: Maruly Johnson	





Annual Report of Monthly Injection PETROLEUM RESOURCES for the year 1997

Form 6	To: the	Minister o	f Natural	Resources
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Operator: Pembina Resources	Tel. # (403) 237-1902	Fax # (403) 237-1234
Address 2400, 855-2 nd Street, Calgary, Alberta		
T2P 4J9		

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: Mersea 3-15-I	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 3 Lot 15 Concession 1	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Black River Formation
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	Hours on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
Jan				
Feb				
Mar				
April				
May				
June	1,969.0	350	405	116.7
July	2,016.0	523	400	121.0
Aug	3,458.0	1,475	671	123.7
Sep	3,473.0	2,262	689	121.0
Oct	3,672.0	2,694	677	130.2
Nov	3,306.0	3,137	628	126.3
Dec	4,058.0	3,287	728	133.8
Total	21,952	13,728	4198	872.7

Name: Marilyn Johnson	Date: February 12, 1998	
Signature: Marily Orhom		



Annual Report of Monthly Injection for the year 1997

To: the Minister of Natural Resources Form 6

Operator: Pembina Resources	Tel. # (403) 237-1902	Fax # (403) 237-1234
Address 2400, 855-2 nd Street, Calgary, Alberta		
T2P 4J9		

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: Mersea 6-23-VII	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 6 Lot 23 Concession VII	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton/Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	8,399.0	1,800	744	270.9
Feb	7,236.0	1,350	660	263.1
Mar	9,308.0	2,100	729	306.4
April	8,620.0	1,900	679	304.7
May	8,402.0	1,765	724	278.5
June	4,333.0	1,500	422	246.4
July	7,662.0	1,335	699	263.1
Aug	8,096.0	1,900	622	312.4
Sep	7,972.0	2,183	688	278.1
Oct	8,325.0	2,094	740	270.0
Nov	7,174.7	1,970	702	245.3
Dec	4,108.3	952	412	239.3
Total	89,636	20,849	7821	3278.2

Name: Marilyn Johnson	Date: February 12, 1998
Signature: Marily Johnson	





Annual Report of Monthly **Injection** for the year 1997

Form 6 To: the Minister of Natural Resources

Operator: Pembina Resources	Tel. # (403) 237-1902	Fax # (403) 237-1234
Address 2400, 855-2 nd Street, Calgary, Alberta		
T2P 4J9		

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.

Vell Name: Mersea 3-15-I Source Pool:	
Township: Mersea	Source Formation: Ordovician
Tract 3 Lot 15 Concession I	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Black River Formation
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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan		(mag m venicus)		
Feb				
Mar				
April				
May				
June	1,969.0	350	405	116.7
July	2,016.0	523	400	121.0
Aug	3,458.0	1,475	671	123.7
Sep	3,473.0	2,262	689	121.0
Oct	3,672.0	2,694	677	130.2
Nov	3,306.0	3,137	628	126.3
Dec	4,058.0	3,287	728	133.8
Total	21,952	13,728	4198	872.7

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

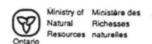
Name: Marilyn Johnson

Date: February 12, 1998

Signature: Marilyn Orthono









Annual Report of Monthly **Injection** for the year <u>1997</u>

Form 6	To: the Minister of Natu	ral Resources	3			
Operator:	RAM PETROLEYMS Lin	nited :	Tel. #(416)	362-8885 Fa	x#(416)3	13-8601
Address	SUITE 1008-347 BAY	STREET				
T	ORONTO, ONTARIO M.	5H2R7				
	only applies to fluid injection					
THE RESERVE OF THE PERSON.	on wells must be reported and a	ll injection m	THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER.	CHARLEST THE RESERVED	nsufficient at	tach additional forms.
Well Nam			Source			
Township				Formation:		
	- Lot Concession		Fluid	**		
Well Lice				on Formation:		
	ıs - Mode*:		Injection	on Pool:		
Injection l	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT					
* As of D	ec. 31 - Active, suspended, aban	doned, testing	g, potential			
Description	on of fluid treatment prior to inje	ection:				
		AND RESIDENCE OF THE PERSON	A CONTRACTOR ASSESSMENT		and the last state of the same of	
N/	17.1	T	"		T	2
Month	Volume Injected (m ³)	Average Da Injection Pr		Days on Injection	Injection (m³/day)	Kate
		(kPag at we		Injection	(III /day)	
Jan		(in ag ar ii				
Feb						
Mar	A / / I		$\overline{)}$		—	
April	$+$ \wedge $/$ $/$	 	7	100	AT	
May	1 / V / L	 	YE	101	\forall	
June	/ V .				+	
July		-			-	
Aug						
Sep				-		
Oct						
Nov	-				-	
Dec						
Total						
The under	signed certifies that the above infor	mation is some	lete and accur	rate and haleha ha	s authority to b	aind the operator
T	^	mation is comp	Date:	1		. ^
,	JIM KAYNER			Februa	7 / '	
Signature	: James Kayn	w	Posit	ion Held: 2	XPLOKATI	ON Consultant
	//					



TO: the Minister of Natural Resources

Operator	Shiningbank Energy Ltd.	Tel #: (403) 268-7477	
Address:	#1050, 250 - 6 Avenue SW	Fax # (403) 268-7499	
	Calgary, Alberta T2P 3H7		

Well Name:

Rodney Unit #3 Water Injection

Township:

Lot

Aldborough

Tract Well Licence #:

Concession TA1006-01011-021P

Well Status - Mode *: Active Injection Permit:

Source Pool:

Source Formation:

Fluid Type:

Injection Formation: Columbus

Injection Pool:

Aquifer

Fresh Water

Description of fluid treatment prior to injection:

Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	8738.0	2500	31	
Feb	7978.0	2500	28	
Mar	9366.0	2500	31	
Apr	8562.0	2500	30	
May	8453.0	2500	31	
Jun	7817.0	2500	30	
Jul	9297.0	2500	31	
Aug	8935.0	2500	31	
Sep	6805.0	2500	30	
Oct	7438.0	2500	31	,
Nov	8607.0	2500	30	
Dec	9025.0	2500	31	
Total	101021.0		365	

Name: Etanouse	Date: Feb 13	१ (५५४
Signature: Examorey	Production	Accountered



TO: the Minister of Natural Resources

Operator Address:	Shiningbank Energy Ltd. #1050, 250 - 6 Avenue SW Calgary, Alberta T2P 3H7	Tel #: (403) 268-7477 Fax # (403) 268-7499
	Galgary, Alberta 12P 3H7	

Well Name:

Rodney Unit #3 Water Injection

Township:

Aldborough

Tract Lot Well Licence #:

Concession TA1006-01011-021P

Well Status - Mode *: Active

Injection Permit:

Source Pool:

Source Formation:

Fluid Type:

Injection Formation:

Injection Pool:

Aquifer

Fresh Water

Columbus

Description of fluid treatment prior to injection: Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	8738.0	2500	31	
Feb	7978.0	2500	28	,
Mar	9366.0	2500	31	
Apr	8562.0	2500	30	
May	8453.0	2500	31	
Jun	7817.0	2500	30	
Jul	9297.0	2500	31	
Aug	8935.0	2500	31	
Sep	6805.0	2500	30	
Oct	7438.0	2500	31	
Nov	8607.0	2500	30	
Dec	9025.0	2500	31	
Total	101021.0		365	

Name: Etanouse	Date: Fe6	12	(998
Signature: { Lanory!	Product	in	Accounded



TO: the Minister of Natural Resources

Tel #: (403) 268-7477 Operator Shiningbank Energy Ltd. #1050, 250 - 6 Avenue SW Address: Fax # (403) 268-7499 Calgary, Alberta T2P 3H7

Well Name: Township:

Rodney Unit #2 Water Injection

Aldborough

Tract

Lot

Well Licence #:

TA1006-01011-011P

Well Status - Mode *: Active

Injection Permit:

Source Pool:

Source Formation:

Fluid Type:

Injection Formation:

Injection Pool:

Aquifer

Fresh Water

Columbus

Description of fluid treatment prior to injection:

Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	8191	2950	31	
Feb	7308	2950	28	
Mar	8198	2950	31	
Apr	8286	2950	30	
May	8809	2950	31	
Jun	8128	2950	30	
Jul	8610	2950	31	
Aug	7178	2950	31	
Sep	6857	2950	30	
Oct	7432	2950	31	
Nov	7896	2950	30	
Dec	7877	2950	31	
Total	94770		365	

Name: E. Tanouye	Date: 300 12 98
Signature: Samony &	Production Accountant



TO: the Minister of Natural Resources

Operator	Shiningbank Energy Ltd.	Tel #: (403) 268-7477	
Address:	#1050, 250 - 6 Avenue SW	Fax # (403) 268-7499	
	Calgary, Alberta T2P 3H7	, , , , , , , , , , , , , , , , , , , ,	

Well Name:

Rodney Unit #2 Water Injection

Township:

Aldborough

Tract

Well Licence #:

TA1006-01011-011P

Well Status - Mode *: Active

Injection Permit:

Lot

Source Pool: Source Formation: Aquifer

Fluid Type:

Fresh Water

Injection Formation: Columbus

Injection Pool:

Description of fluid treatment prior to injection: Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	8191	2950	31	
Feb	7308	2950	28	
Mar	8198	2950	31	
Apr	8286	2950	30	
May	8809	2950	31	
Jun	8128	2950	30	
Jul	8610	2950	31	
Aug	7178	2950	31	
Sep	6857	2950	30	
Oct	7432	2950	31	
Nov	7896	2950	30	
Dec	7877	2950	31	
Total	94770		365	

Name: E. Tanouye	Date: 20 12 98
Signature: Scenory &	Production Accountant

TO: the Minister of Natural Resources

Operator Address:	Shiningbank Energy Ltd. #1050, 250 - 6 Avenue SW Calgary, Alberta T2P 3H7	Tel #: (403) 268-7477 Fax # (403) 268-7499	
	Calgary, Alberta 12P 3H7		

Well Name:

Rodney Unit #1 Water Injection

Source Pool: Source Formation: Aquifer

Township:

Aldborough

Tract

Lot Concession

Fluid Type:

Fresh Water

Well Licence #:

Injection Permit:

Well Status - Mode *: Active

Injection Formation:

Injection Pool:

Description of fluid treatment prior to injection:

-				

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	10762.4	3400	31	
Feb	8192.6	3400	28	
Mar	12445.0	3400	31	
Apr	11890.0	3400	30	
May	13658.1	3400	31	
Jun	12324.6	3400	30	
Jul	14471.7	3400	31	
Aug	17142.7	3400	31	
Sep	14639.9	3400	30	*
Oct	17664.1	3400	31	
Nov	16366.7	3400	30	**
Dec	16717.8	3400	31	
Total	166275.6		365	

Name: E. Tawouye	Date: 46 12 1998
Signature: Examorage	Production Accountant



TO: the Minister of Natural Resources

Operator Address:	Shiningbank Energy Ltd. #1050, 250 - 6 Avenue SW Calgary, Alberta T2P 3H7	Tel #: (403) 268-7477 Fax # (403) 268-7499	
----------------------	---	---	--

Well Name: Rodney Unit #1 Water Injection Source Pool: Aquifer Township: Aldborough Source Formation: Fluid Type: Fresh Water Tract Lot Concession Well Licence #: Injection Formation: Well Status - Mode *: Active Injection Pool: Injection Permit:

Description of fluid treatment prior to injection:

Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection		
Jan	10762.4	3400	31		
Feb	8192.6	3400	28		
Mar	12445.0	3400	31		
Apr	11890.0	3400	30		
May	13658.1	3400	31		
Jun	12324.6	3400	30		
Jul	14471.7	3400	31		
Aug	17142.7	3400	31		
Sep	14639.9	3400	30	,	
Oct	17664.1	3400	31		
Nov	16366.7	3400	30		
Dec	16717.8	3400	31		
Total	166275.6		365		

Name: E. Tawos	Date:	400 12	1998
Signature: Excur:	ruje	Producti	on Accountered







Annual Report of Monthly **Injection** for the year <u>97</u>

I ^M	RE	FMATU	RAL RESOURCES
	FEB	TI 9	1998
PET	RO.		

Form 6 To: the Minister of Natural Resources

PETAOLIA, ON This form only applies to fluid All injection wells must be repo	AGE ROAD		83.2004 ra	
This form only applies to fluid			·	
All injection wells must be repo				
The state of the s	orted and all injection	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED IN	NAME AND POST OFFICE ADDRESS OF THE OWNER, T	nsufficient attach additional form
Well Name:		Source		
Township:			Formation:	
	ncession	Fluid		
Well Licence #:	1111		on Formation:	
Well Status - Mode*:	<i>IV</i> '	Injecti	on Pool:	
Injection Permit #:				
* As of Dec. 31 - Active, suspe	nded, abandoned, test	ting, potential		
Description of fluid treatment p	prior to injection:			
Month Volume Injected (n			Days on	Injection Rate
	Injection		Injection	(m³/day)
Jan	(KPag at	wellhead)	-	
Feb Mar	-+A	/	-	
	-XHH			
April	-/X//-		-	
May	- $/////$			
June	/	-		
July		4		•
Aug				
Sep		` '		
Oct				
Oct Nov				
Oct				





FORM 109

Petroleum Resources Act

ANNUAL REPORT OF MONTHLY INJECTION

for the year ending December 31, 1997

Operator Name: Warvern Inc.	Well Permit No.:	Injection Permit No.
Address:	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)
	Location:	Injection Formation
	County Township Lot Conc.	

Notes: (1) All injection wells operated must be reported

(2) All injection must be reported

(3) Where space is insufficient, attach addional forms

		INJECTION	N DATA				AVERAGE DAILY	
Month	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 ³ m)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
Jan.	N/A							
Feb.								
Mar.								,
Apr.								
May								
June								
July								
Aug.								
Sept.								
Oct.								
Nov.								
Dec.								
TOTALS								

DATE:__ January 26, 1998

SIGNATUR

