



Annual Report of Monthly Injection for the year 1997

Form 6

To: the Minister of Natural Resources

Operator: <u>Cameron Petroleum Inc</u>	Tel. # <u>657-9304</u> Fax # <u>657-3633</u>
Address <u>Box 20109, 431 Boler Rd</u>	
<u>London Ontario N6K 4G6</u>	

This form only applies to fluid injection for secondary recovery.

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

Well Name: <u>McMaster #22 - Gables 18</u>	Source Pool: <u>Gables</u>
Township: <u>Blenheim</u>	Source Formation:
Tract Lot <u>20</u> Concession <u>1</u>	Fluid Type:
Well Licence #: <u>1278</u>	Injection Formation:
Well Status - Mode*: <u>PLUGGED</u>	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
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: <u>MADELINE BRETT</u>	Date: <u>Feb 13/98</u>
Signature: <u>Madeline M. Brett</u>	



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

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To: the Minister of Natural Resources

Operator: <u>Cameron Petroleum Inc</u>	Tel. # <u>657-9304</u> Fax # <u>657-3633</u>
Address <u>Box 20109, 431 Boler Rd</u>	
<u>London, Ontario N6K 4G6</u>	

This form only applies to fluid injection for secondary recovery.

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

Well Name: <u>Kewance Gobles 42</u>	Source Pool: <u>Gobles.</u>
Township: <u>Burford</u>	Source Formation:
Tract Lot <u>18</u> Concession <u>2</u>	Fluid Type:
Well Licence #: <u>1916</u>	Injection Formation:
Well Status - Mode*: <u>Suspended.</u>	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

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

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

Name: <u>MADELINE BRETT</u>	Date: <u>Feb 14/98</u>
Signature: <u>Madeline M. Brett</u>	



Annual Report of Monthly Injection for the year 1997

Form 6

To: the Minister of Natural Resources

Operator: <u>Cameron Petroleum Inc</u>	Tel. # <u>657-9304</u> Fax # <u>657-3633</u>
Address <u>Box 20109, 431 Boler Rd</u>	
<u>London Ontario N6K 4G6</u>	

This form only applies to fluid injection for secondary recovery.

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

Well Name: <u>Kewanee Gables 41</u>	Source Pool: <u>Gables</u>
Township: <u>Blenheim</u>	Source Formation:
Tract <u>7</u> Lot <u>16</u> Concession <u>1</u>	Fluid Type:
Well Licence #: <u>1909</u>	Injection Formation:
Well Status - Mode*: <u>Suspended</u>	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
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: <u>MARLENE BRÉTH</u>	Date: <u>Feb 15/98</u>
Signature: <u>Marlene Bréth</u>	



Annual Report of Monthly Injection for the year 1997

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To: the Minister of Natural Resources

Operator: <u>Cameron Petroleum Inc</u>	Tel. # <u>657-9304</u> Fax # <u>657-3633</u>
Address <u>Box 20109, 431 Boler Rd.</u>	
<u>London, Ontario N6K 4G6</u>	

This form only applies to fluid injection for secondary recovery.

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

Well Name: <u>Imperial Kewanee Gables 45</u>	Source Pool: <u>Gables</u>
Township: <u>Beauford</u>	Source Formation:
Tract <u>3</u> Lot <u>17</u> Concession <u>1</u>	Fluid Type:
Well Licence #: <u>1719</u>	Injection Formation:
Well Status - Mode*: <u>Suspended</u>	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
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: <u>MADELINE BRETT</u>	Date: <u>Sept 16/98</u>
Signature: <u>Madeline Brett</u>	



Annual Report of Monthly Injection for the year 1997

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To: the Minister of Natural Resources

Operator: <u>Cameron Petroleum Inc</u>	Tel. # <u>657-9304</u> Fax # <u>657-3633</u>
Address <u>Box 20109, 431 Doler Rd</u>	
<u>London Ontario N6K 4G6</u>	

This form only applies to fluid injection for secondary recovery.

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

Well Name: <u>Kewanee Gables 24</u>	Source Pool: <u>Gables</u>
Township: <u>Blenheim</u>	Source Formation:
Tract Lot <u>18</u> Concession <u>1</u>	Fluid Type:
Well Licence #: <u>1492</u>	Injection Formation:
Well Status - Mode*: <u>Suspended</u>	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

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

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

Name: <u>MADELINE BRETT</u>	Date: <u>Feb 18/98</u>
Signature: <u>Madeline A Brett</u>	



Annual Report of Monthly Injection for the year 1997

Form 6

To: the Minister of Natural Resources

Operator: <u>Cameron Petroleum Inc</u>	Tel. # <u>657-9304</u> Fax # <u>657-3633</u>
Address <u>Box 20109, 431 Boler Rd</u>	
<u>London, Ontario N6K 4G6</u>	

This form only applies to fluid injection for secondary recovery.

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

Well Name: <u>McMaster #31-Gables 20</u>	Source Pool: <u>Gables</u>
Township: <u>Burford</u>	Source Formation:
Tract <u>7</u> Lot <u>16</u> Concession <u>1</u>	Fluid Type:
Well Licence #: <u>1237</u>	Injection Formation:
Well Status - Mode*: <u>Suspended</u>	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

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

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

Name: <u>MADRYNE BRET</u>	Date: <u>Feb 18/98</u>
Signature: <u>Madryne M. Brett</u>	



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To: the Minister of Natural Resources

Operator: <u>Cameron Petroleum Ltd</u>	Tel. # <u>657-9304</u>	Fax # <u>657-3633</u>
Address <u>Box 20109 431 Boler Rd</u>		
<u>London, Ontario N6K 4G8</u>		

This form only applies to fluid injection for secondary recovery.

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

Well Name: <u>R. McMaster & Son - Gables 7</u>	Source Pool: <u>Gables</u>
Township: <u>Buxford</u>	Source Formation:
Tract <u>3</u> Lot <u>19</u> Concession <u>1</u>	Fluid Type:
Well Licence #: <u>1025</u>	Injection Formation:
Well Status - Mode*: <u>Suspended</u>	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
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: <u>MADELINE BRETT</u>	Date: <u>Feb 18/98</u>
Signature: <u>Madeline Brett</u>	



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

Form 6 To: the Minister of Natural Resources

Operator: <u>Cameron Petroleum Inc.</u>	Tel. # <u>657-9304</u> Fax # <u>657-3633</u>
Address <u>Box 20109, 431 Boler Rd</u>	
<u>London, Ont N6K 4G6</u>	

This form only applies to fluid injection for secondary recovery.

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

Well Name: <u>Robert McMaster & Sons - Gables 4</u>	Source Pool: <u>Gables</u>
Township: <u>Blenheim</u>	Source Formation:
Tract Lot <u>22</u> Concession <u>1</u>	Fluid Type:
Well Licence #: <u>149</u>	Injection Formation:
Well Status - Mode*: <u>SUSPENDED</u>	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

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

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

Name: <u>MADÉLINE BRETT</u>	Date: <u>Feb 18/98</u>
Signature: <u>Madeline M. Brett</u>	



Annual Report of Monthly Injection for the year 1997

Form 6

To: the Minister of Natural Resources

Operator: <u>Cameron Petroleum Inc</u>	Tel. # <u>657-9304</u> Fax # <u>657-3633</u>
Address <u>Box 20169, 431 Boler Rd</u>	
<u>London, Ontario N6K 4G6</u>	

This form only applies to fluid injection for secondary recovery.

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

Well Name: <u>Robert McHader & Sons - Gables 2</u>	Source Pool: <u>Gables</u>
Township: <u>Blenheim</u>	Source Formation:
Tract Lot <u>19</u> Concession <u>1</u>	Fluid Type:
Well Licence #: <u>141</u>	Injection Formation:
Well Status - Mode*: <u>Suspended</u>	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
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: <u>MARILYN BREY</u>	Date: <u>Feb 18/98</u>
Signature: <u>Marilene Inseatt</u>	



Annual Report of Monthly Injection for the year 1997

Form 6

To: the Minister of Natural Resources

Operator: <u>Garneron Petroleum Inc</u>	Tel. # <u>657-9304</u> Fax # <u>657-3633</u>
Address <u>Box 20109, 431 Baler Rd.</u>	
<u>London Ontario N6K 4G6 (SUNBURST)</u>	

This form only applies to fluid injection for secondary recovery.

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

Well Name: <u>Imperial Union Grand Bend #2 & #6</u>	Source Pool: <u>Grand Bend.</u>
Township: <u>McGillivray</u>	Source Formation: <u>Brine Produced.</u>
Tract Lot <u>41</u> Concession <u>NB</u>	Fluid Type: <u>Salt Water</u>
Well Licence #:	Injection Formation: <u>Guelph</u>
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection: <u>N/A</u>

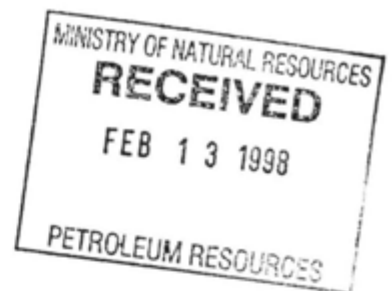
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	3053	100 PSI	31	3053
Feb	2520	100 PSI	28	2520
Mar	2368	100 PSI	31	2368
April	2144	100 PSI	30	2144
May	2877	100 PSI	31	2877
June	2769	100 PSI	30	2769
July	2775	100 PSI	31	2775
Aug	3154	100 PSI	31	3154
Sep	2584	100 PSI	30	2584
Oct	2897	0 PSI	31	2897
Nov	2735	0 PSI	30	2735
Dec	2608	0 PSI	31	2608
Total	32,484			32,484

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

Name: <u>MADELINE BRETT</u>	Date: <u>Feb 18/98</u>
Signature: <u>Madeline Brett</u>	<u>i</u>



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



Form 6

To: the Minister of Natural Resources

Operator: CanEnerco Limited	Tel. # (519) 433-7710	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.

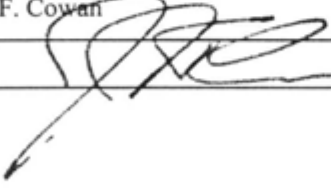
Well Name:	Source Pool:
Township:	Source Formation:
Tract Lot Concession	Fluid Type:
Well Licence #:	Injection Formation:
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	NIL REPORT			
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: John F. Cowan	Date: Feb. 6, 1998
Signature: 	Position Held: V.P., Chief Operating Officer

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

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

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

INJECTION DATA					AVERAGE DAILY			
Month	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 ³ m)	Inj. Pressure (kPa)	Inj. Rate (m ³ /day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
Jan.	WE HAVE NO WATER INJECTION WELLS, THEREFORE, NO BRINE WATER WAS INJECTED DURING THE YEAR							
Feb.								
Mar.								
Apr.								
May								
June								
July								
Aug.								
Sept.								
Oct.								
Nov.								
Dec.								
TOTALS								

DATE: February 24, 1998

SIGNATURE:

W. J. Chatham



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 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 Licence #:	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		

* 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 (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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:		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 Becher 76 I.W.(853)H. Johnston 1	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 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

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

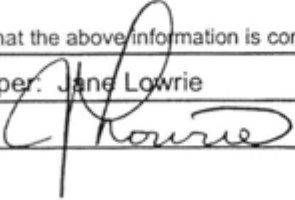
Well Name:	Imperial Bluewater (894)	Source Pool:	Thames River
Township:	Dunwich	Source Formation:	Not applicable
Tract:	5	Lot:	22
Concession:	2	Fluid Type:	Fresh Water
Well Licence #:	1785	Injection Formation:	Cambrian
Well Status - Mode*:	Suspended	Injection Pool:	Willey
Injection Permit #:	Energy Board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

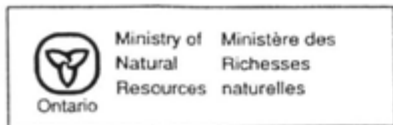
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

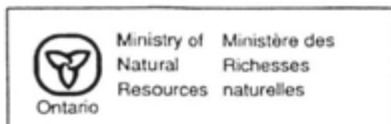
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

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

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

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

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

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

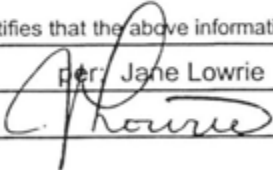
Well Name:	Dolphin I.U.P. No. 3	Source Pool:	Thames River
Township:	Dunwich	Source Formation:	Not applicable
Tract: 2 Lot: 24 Concession: 1		Fluid Type:	Fresh Water
Well Licence #:	3001	Injection Formation:	Cambrian
Well Status - Mode*:	Suspended	Injection Pool:	Willey
Injection Permit #:	Energy Board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

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

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:		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.

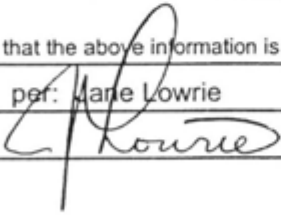
Well Name:	Imperial Oil 251 - Becher 64 - Fruytier 1	Source Pool:	Sydenham River & Production				
Township:	Sombra	Source Formation:	Salina - A 1 Unit				
Tract:	8	Lot:	4	Concession:	5	Fluid Type:	Fresh & Salt Water
Well Licence #:		Injection Formation:	A 1 Salina - Silurian				
Well Status - Mode*:	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:	chlorine, biocidem corrosion inhibitor, coagulant, filtered

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

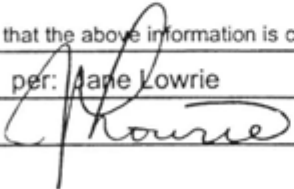
Well Name:	Imperial Oil 123 - Becher 22 - McEvoy	Source Pool:	Sydenham River & Production
Township:	Sombra	Source Formation:	Salina - A 1 Unit
Tract:	5	Lot:	6
Concession:	5	Fluid Type:	Fresh & Salt Water
Well Licence #:		Injection Formation:	A 1 Salina - Silurian
Well Status - Mode*:	Abandoned	Injection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

* 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 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:		Position Held:	President



Ministry of Natural Resources
Ministère des Richesses 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	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 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						

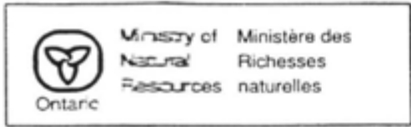
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	chorine, biocidem corrosion inhibitor, coagulant, filtered
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Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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:		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	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 Licence #:		Injection Formation:	A 1 Salina - Silurian				
Well Status - Mode*:	Suspended	Injection Pool:	West Becher Unit				
Injection Permit #:	Order in Council - 17.Apr.63						

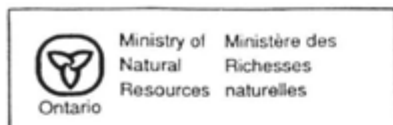
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

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



Annual Report for Monthly Injection
for the year 1997

Form 6

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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	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 #:							

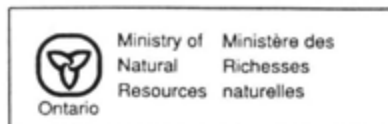
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

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



Oil, Gas and Salt Resources Act

Annual Report for Monthly Injection
for the year 1997

Form 6

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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	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 Licence #:	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		

* 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 (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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:		Position Held:	President



Ministry of Natural Resources
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act

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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				
Township:	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

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



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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 (894)	Source Pool:	Thames River
Township:	Dunwich	Source Formation:	Not applicable
Tract: 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		

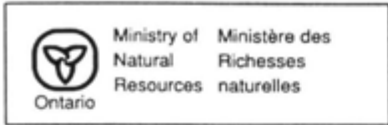
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

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



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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
Township:	Dunwich	Source Formation:	Not applicable
Tract: 1 Lot: 23 Concession: 2		Fluid Type:	Fresh Water
Well Licence #:	1791	Injection Formation:	Cambrian
Well Status - Mode*:	Suspended	Injection Pool:	Willey
Injection Permit #:	Energy Board Order 41		

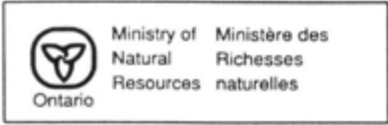
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

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

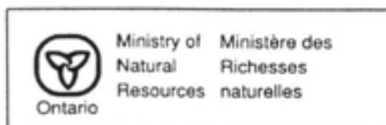
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

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

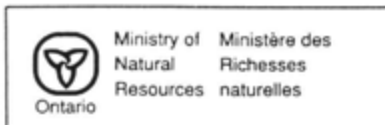
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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:		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:	Dolphin I.U.P. No. 2	Source Pool:	Thames River
Township:	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 (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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:		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.

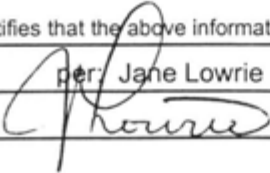
Well Name:	Dolphin I.U.P. No. 3	Source Pool:	Thames River
Township:	Dunwich	Source Formation:	Not applicable
Tract:	2	Lot:	24
Concession:	1	Fluid Type:	Fresh Water
Well Licence #:	3001	Injection Formation:	Cambrian
Well Status - Mode*:	Suspended	Injection Pool:	Willey
Injection Permit #:	Energy Board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

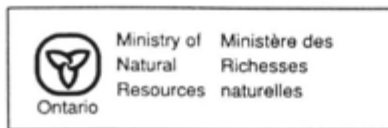
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

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

* 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 (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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:		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	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 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						

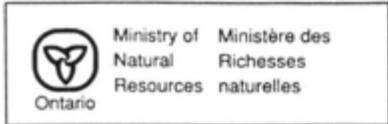
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

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

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



Ministry of Natural Resources
Ministère des Richesses 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 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 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 (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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:		Position Held:	President



Ministry of Natural Resources
Ministère des Richesses 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.

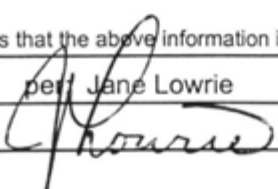
Well Name:	Imperial Oil 180 - Becher 34 - Johnston 3	Source Pool:	Sydenham River & Production				
Township:	Sombra	Source Formation:	Salina - A 1 Unit				
Tract:	6	Lot:	9	Concession:	6	Fluid Type:	Fresh & Salt Water
Well Licence #:		Injection Formation:	A 1 Salina - Silurian				
Well Status - Mode*:	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 (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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:		Position Held:	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: County Township Lot Conc.	Injection Formation

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

INJECTION DATA					AVERAGE DAILY			
Month	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 ³ m)	Inj. Pressure (kPa)	Inj. Rate (m ³ /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

SIGNATURE: 

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: Straatnan	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)
	Location: County Township Lot Conc.	Injection Formation

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

INJECTION DATA					AVERAGE DAILY			
Month	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 ³ m)	Inj. Pressure (kPa)	Inj. Rate (m ³ /day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
n.	N/A							
b.								
ar.								
pr.								
ay								
ne								
ly								
ug.								
pt.								
t.								
v.								
e.								
TOTALS								

Date: January 26, 1998

SIGNATURE: 

ANNUAL REPORT OF MONTHLY INJECTION

for the year ending December 31, 1997

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

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

INJECTION DATA					AVERAGE DAILY			
Month	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 ³ m)	Inj. Pressure (kPa)	Inj. Rate (m ³ /day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
n.	N/A							
b.								
ar.								
or.								
ay								
ne								
y								
g.								
x.								
t.								
v.								
c.								
TOTALS								

Date: January 26, 1998

SIGNATURE: 



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

Form 6 To: the Minister of Natural Resources

Operator: <u>Charles Fairbairn Oil Producers</u>	Tel. # <u>882-0230</u>	Fax # <u>882-3263</u>
Address <u>P.O. Box 10 Petrolia</u>		

This form only applies to fluid injection for secondary recovery.

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

Well Name:	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 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

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

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

Name: <u>Charles Fairbairn</u>	Date: <u>Feb 13/98</u>
Signature: <u>[Signature]</u>	

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

Operator Name: <u>Fairfield Oil Field</u> <u>(see Earl Drennan)</u>	Well Permit No.: <u>7241</u>	Injection Permit No. <u>7241</u>
Address: <u>R.R.3</u> <u>Bothwell, Ontario NOPICO</u>	Well Name: <u>Kodyen Disposal</u> <u>(Fairfield Oil Field)</u>	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe) <u>Disposal</u>
	Location: <u>Kent County</u> Zone <u>1</u> Township <u>7</u> Lot <u>1</u> Conc. <u>VIII</u>	Injection Formation <u>Petroleum River Zone</u>

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

INJECTION DATA					AVERAGE DAILY			
Month	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (40 ^{liters}) (m ³)	Inj. Pressure (kPa) Kilopascals	Inj. Rate (m ³ /day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
Jan.	<u>Punker/Colombus</u>	<u>Saltwater</u>	<u>N/A</u>	<u>1107</u>	<u>206.8</u>	<u>46.1</u>	<u>31</u>	<u>Active</u>
Feb.				<u>1143</u>			<u>28</u>	
Mar.				<u>1020</u>			<u>31</u>	
Apr.				<u>1433</u>			<u>30</u>	
May				<u>1484</u>			<u>31</u>	
June				<u>1558</u>			<u>30</u>	
July				<u>1516</u>			<u>31</u>	
Aug.				<u>1455</u>			<u>31</u>	
Sept.				<u>1437</u>			<u>30</u>	
Oct.				<u>1538</u>			<u>31</u>	
Nov.				<u>1575</u>			<u>30</u>	
Dec.				<u>1575</u>			<u>31</u>	
TOTALS				<u>16,841</u>	<u>206.8 (Average)</u>	<u>46.1 Average</u>	<u>365</u>	

02/04/1998 10:09
RE: Feb. 3 1998

SIGNATURE:

Lee Earl Drennan



ANNUAL REPORT OF MONTHLY INJECTION

for the year ending December 31, 1997

Operator Name: <u>Fairfield Oil Field</u> <u>(Lee Earl Tremman)</u>	Well Permit No.: <u>7241</u>	Injection Permit No. <u>7241</u>
Address: <u>R.R. 3</u> <u>Bothwell, Ontario NOPICO</u>	Well Name: <u>Kodyen Disposal</u> <u>(Fairfield Oil Field)</u>	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe) <u>Disposal</u>
	Location: <u>Kent</u> County <u>Zone</u> Township <u>1</u> Lot <u>7</u> Conc. <u>VIII</u>	Injection Formation <u>Petroleum River Zone</u>

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

INJECTION DATA					AVERAGE DAILY			
Month	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 ³ m) (m ³)	Inj. Pressure (kPa) Kilopascals	Inj. Rate (m ³ /day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
Jan.	<u>Purdee/Columbus</u>	<u>Sulfur water</u>	<u>N/A</u>	<u>1107</u>	<u>206.8</u>	<u>46.1</u>	<u>31</u>	<u>Active</u>
Feb.				<u>1143</u>			<u>28</u>	
Mar.				<u>1020</u>			<u>31</u>	
Apr.				<u>1433</u>			<u>30</u>	
May				<u>1484</u>			<u>31</u>	
June				<u>1558</u>			<u>30</u>	
July				<u>1516</u>			<u>31</u>	
Aug.				<u>1455</u>			<u>31</u>	
Sept.				<u>1437</u>			<u>30</u>	
Oct.				<u>1538</u>			<u>31</u>	
Nov.				<u>1575</u>			<u>30</u>	
Dec.				<u>1575</u>			<u>31</u>	
TOTALS				<u>16,841</u>	<u>206.8 (Average)</u>	<u>46.1 Average</u>	<u>365</u>	

DATE: Feb. 3 1998SIGNATURE: Lee Earl Tremman



Annual Report of Monthly Injection
for the year 1997

Form 6 To: the Minister of Natural Resources

(WE NOW HAVE NO SECONDARY
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 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 #: N/A	Injection Formation: N/A
Well Status - Mode*: N/A	Injection Pool: N/A
Injection Permit #: N/A	

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

Description of fluid treatment prior to injection:
N/A

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

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

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



Annual Report of Monthly Injection for the year 1997

Form 6 To: the Minister of Natural Resources

Operator: HEMLOCK EXPLORATIONS LTD.	Tel. # 875-4896	Fax #
Address R R # 5, LANGTON, ON.		

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 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:
NIL

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

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

Name: GEORGE JONCKHEERE	Date: JAN. 15/98
Signature: <i>George Jonckheere</i>	



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

Form 6

To: the Minister of Natural Resources

Operator: <u>LAKEVILLE HOLDINGS INC.</u>	Tel. # <u>(519) 683-1636</u> Fax # <u>(519) 683-1639</u>
Address <u>P.O. Box 929, R.R. #4</u>	
<u>DRESDEN ON N0P 1M0</u>	

This form only applies to fluid injection for secondary recovery.

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

Well Name:	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 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

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

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

Name: <u>Peter Miller</u>	Date: <u>Feb 13/98</u>
Signature: <u>Peter Miller</u>	



Annual Report of Monthly Injection for the year 1997

Form 6 To: the Minister of Natural Resources

Operator: <u>LONNIE BARNES</u>	Tel. # <u>519-834-2339</u> Fax #
Address <u>2581 DURYEE ST</u>	
<u>OIL SPRINGS, ON, N0N 1P0</u>	

This form only applies to fluid injection for secondary recovery.

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

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

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

Description of fluid treatment prior to injection:
<u>pond settling</u>

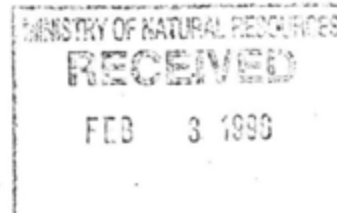
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	1410.50	2756.92 kPag	31	45.5
Feb	1274.00	(400 PSI)	28	
Mar	1410.50		31	
April	1365.00		30	
May	1410.50		31	
June	1365.00		30	
July	1410.50		31	
Aug	1410.50		31	
Sep	1365.00		30	
Oct	1410.50		31	
Nov	1365.00		30	
Dec	1410.50		31	
Total	16607.50	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: <u>DONNA BARNES</u>	Date: <u>JAN. 21, 1998</u>
Signature: <u>Donna Barnes</u>	

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

(January 1 thru June 26, 1997)



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)
	Location: County Township Lot Conc.	Injection Formation

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

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

TE: Jan. 20, 1998

SIGNATURE:

Norman D. FitzGerald
Norman D. FitzGerald, President

Annual Report of Monthly Injection

for the year 1997

Form 6 To: the Minister of Natural Resources

Operator: <u>MORNINGSTAR OIL PROD. LTD.</u>	Tel. # <u>1-519-834-</u>	Fax #
Address: <u>BOX 112 OIL SPRINGS</u>	<u>2665</u>	
<u>ONTARIO N0N1A0</u>		

This form only applies to fluid injection for secondary recovery.

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

Well Name: <u>MORNINGSTAR OIL PROD. LTD.</u>	Source Pool:
Township: <u>ENNVILLE</u>	Source Formation:
Tract Lot <u>19</u> Concession <u>IT</u>	Fluid Type: <u>BRINE</u>
Well Licence #:	Injection Formation: <u>10 INJECTION WELLS</u>
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection: <u>FILTER</u>
<u>17 ACTIVE WELLS</u>

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan		<u>350 LBS</u>	<u>24 hrs</u>	<u>28 BARRELS</u>
Feb		<u>350 LBS</u>	<u>A DAY</u>	<u>OF WATER</u>
Mar		" "		<u>PER DAY</u>
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: <u>Morningstar Oil Prod Ltd</u>	Date: <u>Jan 20 1998</u>
Signature: <u>[Signature]</u>	



Annual Report of Monthly Injection
for the year 1997

Form 6 To: the Minister of Natural Resources

Operator: <u>PARAGON PETROLEUM CORP</u>	Tel. # <u>246-5075</u>	Fax # <u>246-2742-</u>
Address <u>#1100, 530-8 Ave SW, Calgary</u>		
<u>AB T2P 3S8</u>		

This form only applies to fluid injection for secondary recovery.

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

Well Name:	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 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan				
Feb				
Mar				
April	FORM NOT APPLICABLE TO PARAGON.			
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: <u>DAWN ERICKSON-BROWN</u>	Date: <u>13-February 1998</u>
Signature: <u>[Signature]</u>	


 Ministry of Natural Resources
 Ministère des Richesses Naturelles

Oil, Gas and Salt Resources Act

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 (m ³ /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: <i>Marilyn Johnson</i>	



Ministry of Natural Resources
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act

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 #: 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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m ³ /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

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: <i>Marilyn Johnson</i>	



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 (m ³ /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: <i>Marilyn Johnson</i>	

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.

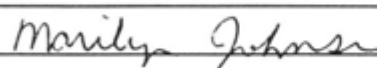
Well Name: Mersea 1-12-A	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 1 Lot 12 Concession A	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton/Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40048IP	

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

Description of fluid treatment prior to injection:

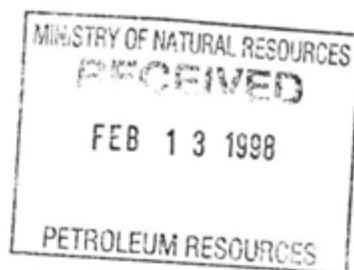
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m ³ /day)
Jan	3,132.0	4,800	479	156.9
Feb	2,246.0	460	333	161.9
Mar	1,144.0	0	283	97.0
April	3,050.0	3,350	710	103.1
May	3,518.0	4,213	729	115.8
June	3,337.0	4,300	703	113.9
July	3,386.0	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: 	



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:

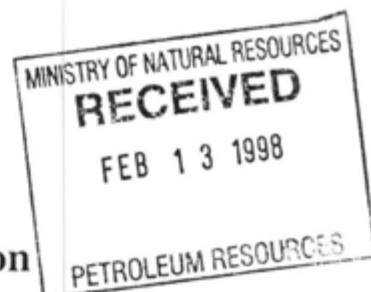
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m ³ /day)
Jan	8,399.0	1,800	744	270.9
Feb	7,236.0	1,350	660	263.1
Mar	9,308.0	2,100	729	306.4
April	8,620.0	1,900	679	304.7
May	8,402.0	1,765	724	278.5
June	4,333.0	1,500	422	246.4
July	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

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: <i>Marilyn Johnson</i>	



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 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 Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m ³ /day)
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

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: <i>Marilyn Johnson</i>	



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 (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m ³ /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

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: <i>Marilyn Johnson</i>	



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 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 (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m ³ /day)
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

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: <i>Marilyn Johnson</i>	





Annual Report of Monthly Injection
for the year 1997

Form 6 To: the Minister of Natural Resources

Operator: <u>RAM PETROLEUMS Limited</u>	Tel. # <u>(416) 362-8886</u> Fax # <u>(416) 362-8601</u>
Address <u>SUITE 1008 - 347 BAY STREET</u>	
<u>TORONTO, ONTARIO M5H 2R7</u>	

This form only applies to fluid injection for secondary recovery.

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

Well Name:	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 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan				
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: <u>JIM RAYNER</u>	Date: <u>February 9, 1998</u>
Signature: <u>James L Rayner</u>	Position Held: <u>Exploration Consultant</u>

Annual Report of Monthly Injection for the year 1997

TO: the Minister of Natural Resources

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

Well Name:	Rodney Unit #3 Water Injection	Source Pool:	Aquifer
Township:	Aldborough	Source Formation:	
Tract	Lot	Concession	
Well Licence #:	TA1006-01011-021P	Fluid Type:	Fresh Water
Well Status - Mode *:	Active	Injection Formation:	Columbus
Injection Permit:		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	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	

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

Name: E. Tanouye	Date: Feb 12 1998
Signature: E. Tanouye	Production Accountant

Annual Report of Monthly Injection for the year 1997

TO: the Minister of Natural Resources

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

Well Name:	Rodney Unit #3 Water Injection	Source Pool:	Aquifer
Township:	Aldborough	Source Formation:	
Tract	Lot	Concession	
Well Licence #:	TA1006-01011-021P	Fluid Type:	Fresh Water
Well Status - Mode *:	Active	Injection Formation:	Columbus
Injection Permit:		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	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	

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

Name: E. Tanouye	Date: Feb 12 1998
Signature: E. Tanouye	Production Accountant

Annual Report of Monthly Injection
for the year 1997

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	Source Pool:	Aquifer
Township:	Aldborough	Source Formation:	
Tract	Lot	Fluid Type:	Fresh Water
Well Licence #:	TA1006-01011-011P	Injection Formation:	Columbus
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	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	

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

Name: E. Tanouye	Date: Dec 12/98
Signature: E. Tanouye	Production Accountant

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

TO: the Minister of Natural Resources

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

Well Name:	Rodney Unit #2 Water Injection	Source Pool:	Aquifer
Township:	Aldborough	Source Formation:	
Tract	Lot	Fluid Type:	Fresh Water
Well Licence #:	TA1006-01011-011P	Injection Formation:	Columbus
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	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	

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

Name: E. Tanouye	Date: Feb 12/98
Signature: <i>E. Tanouye</i>	<i>Production Accountant</i>

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

TO: the Minister of Natural Resources

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

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

Description of fluid treatment prior to injection: Nil
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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	

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

Name: E. Tawouye Signature: <i>E. Tawouye</i>	Date: Feb 12 1998 Production Accountant
--	--

Annual Report of Monthly Injection for the year 1997

TO: the Minister of Natural Resources

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

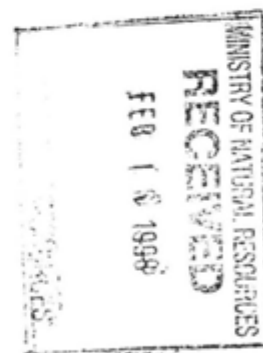
Well Name:	Rodney Unit #1 Water Injection	Source Pool:	Aquifer
Township:	Aldborough	Source Formation:	
Tract	Lot	Concession	
Well Licence #:		Fluid Type:	Fresh Water
Well Status - Mode *:	Active	Injection Formation:	
Injection Permit:		Injection Pool:	

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	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	

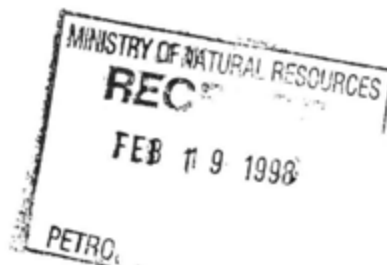
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: E. Tawouye	Date: Feb 12 1998
Signature: E. Tawouye	Production Accountant





Annual Report of Monthly Injection
for the year 97



Form 6

To: the Minister of Natural Resources

Operator: WALTER BRAND	Tel. # 519 882-2004 Fax #
Address 4185 OIL HERITAGE ROAD	
PETROLIA, ONE	

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*: NIL	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan				
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: WALTER BRAND	Date: FEB. 13/97
Signature: [Signature]	

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: County Township Lot Conc.	Injection Formation

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

INJECTION DATA					AVERAGE DAILY			
Month	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 ³ m)	Inj. Pressure (kPa)	Inj. Rate (m ³ /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

SIGNATURE:

