

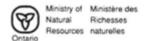
Annual Report of Monthly Injection for the year 1998

Form 6 To: the Minister of Natural Resource	es					
Operator: LONNIE BARNES	Tel. #519-834-2339 Fax # 519-834-2155					
Address 258! DURYEE ST						
OIL SPRINGS , ON , NON IPO						
This form only applies to fluid injection for secondar All injection wells must be reported and all injection	ry recovery. must be reported. If space is insufficient attach additional forms.					
Well Name: MAC GILLIVAAY	Source Pool:					
Township: ENNISKILLEN	Source Formation: 248'					
Tract Lot 18 Concession 2	Fluid Type: FRESH WATER					
Well Licence #: N/A	Injection Formation: DUNDEE					
Well Status - Mode*: Active	Injection Pool:					
Injection Permit #: N/A						
* As of Dec. 31 - Active, suspended, abandoned, testing, potential						
Description of fluid treatment prior to injection:						
pond settling						

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	1410.50	2756.92 KA	31	45-5
Feb	1274.00	(400 PSI)	2.8	
Mar	1410.50		31	
April	1365.00		30	
May	1410-50		31	
June	1365.00		30	
July	1410-50		31	
Aug	1910-50	}	31	
Sep	1365-00		30	
Oct	140.50		31	
Nov	1365-00		30	
Dec	1410.50		31	
Total	16 607:50	2756 42 k Pag	365	16.607.50

The undersigned certifies that the above information is complete	and accurate and he/she has authority to bind the operator.	•
Name: DONNA BARNES	Date: garwary 29, 1999]
Signature: Donna Barnes		





Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resour	ces		
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 second			
All injection wells must be reported and all injection	CHARLES AND ADDRESS OF THE PARTY OF THE PART	ASSESSMENT OF THE PARTY OF THE PARTY OF THE PARTY.	sufficient attach additional forms
Well Name:	Source		
Township:		Formation:	
Tract Lot Concession	Fluid T		
Well Licence #:	-	n Formation:	
Well Status - Mode*:	Injectio	n Pool:	•
Injection Permit #: ``			
* As of Dec. 31 - Active, suspended, abandoned, tes	ting, potential		
Description of fluid treatment where he is in a			
Description of fluid treatment prior to injection:			
Month Volume Injected (m³) Average	Daily	Days on	Injection Rate
	Pressure	Injection	(m³/day)
	wellhead)	,	(,
Jan NIL REPORT			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Nov			
Dec			
			+
Oct Nov			
he undersigned certifies that the above information is con	mplete and accurat	te and he/she has	authority to bind the operator.
Name: John F. Cowan	Date:	Feb. 15, 1999	
Signature:	Position	n Held: V.P., C	Chief Operating Officer



Ministry	of
Natural	
Resource	2.5

FORM 109 Petroleum Resources Act
ANNUAL REPORT OF MONTHLY **INJECTION**for the year ending December 31, 19 9 8

M	MSTRY OF MATURAL RESOURCES
1	FEB 1 5 1999
-	PETROLEUM RESOURCES

ator Name:	CHATHAM RESOURCES LTD.	Well Permit No.:	Injection Permit No.
ress:	20 Jackson St. W., Ste. 410 Hamilton, ON	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)
L3P 1L2		Location:	Injection Formation
	•	County Township [., Lot Conc.	

(1) All injection wells operated must be reported

(2) All injection must be reported

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

INJECTION DATA					AVERAGE DAILY			
th	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10³m)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
	WE H	AVE NO WATER I:	JECTION WELLS, TH	EREFORE, NO 8	RINE WATER WAS	INJECTED	DURING THE YEAR	
			,					
					-			, 2
				·~				
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ALS				, 1				
4					//			

February Jal, 1999

SIGNATURE



Ministry of Natural Resources

tor Name:

February 1st, 1999

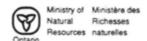
FORM 109 Petroleum Resources Act ANNUAL REPORT OF MONTHLY INJECTION for the year ending December 31, 19_98

tor Na	me: GLEN	ERD LIMITED		Well Pern	nit No.:			Injection Permit No.	
Hamilton, ON L3P 1L2			Well Name:				Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)		
			Location:				Injection Formation		
		•			County	Township Lot	Conc.		•
(D A	II injection wells opera	ited must herreported	(2) All injection mu	ist be report	ed (3) Where space	is insufficient, attach addic	onal forms.		,
		INJECTION	N DATA					AVERAGE DAILY	
1	Fluid Source	Fluid Type	Fluid Treatment Pri Injection	ior to	Volume Injected (10 ³ m)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
	WE H	AVE NO WATER I	JECTION WEL	LLS, TH	EREFORE, NO B	RINE WATER WAS	INJECTED	DURING THE YEAR	
				-					
							-		
									_ /
	7								
LS		,			. 1				

Injection Permit No.

.

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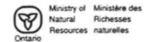


Oil, Gas and Salt Resources Act

Annual Report of Monthly **Injection** for the year 1998

0/	To: the Minister of Na	itural Resource	s (518)				
Operator,	EMHOCK EXPLORATION	us LTd,	Tel. # 875	-4896 Fa	x #		
Address /	P.R. # 5. LANGTON.	ON .		•			
	NOE. 1	60					
	only applies to fluid injectio						
NAME AND ADDRESS OF THE OWNER, TH	ion wells must be reported and	all injection m	THE RESERVE TO A PARTY OF THE P	Married World Street, Square,	insuffi	cient attach additional for	
Well Nan			Source				
Township: Source Formation:							
Tract	Lot Concession		Fluid 7				
Well Lice				on Formation:			
	us - Mode*:		Injection	on Pool:			
THE OWNER OF THE OWNER OWNER OF THE OWNER O	Permit #: -						
* As of D	ec. 31 - Active, suspended, ab	andoned, testin	g, potential				
			>1 /				
Description	on of fluid treatment prior to i	njection:	V.L				
N. (1)	1 1/-1 Y-11 (3)	T 4		D	Tv	instina Data	
Month	Volume Injected (m ³)	Average Da Injection Pr		Days on Injection		jection Rate n ³ /day)	
		(kPag at we		Injection	(1	ii /day)	
Jan	NIL	(12.19.11			\top		
Feb	77.72						
Mar							
					+		
April							
April May June							
April May June July							
April May June July Aug							
April May June July Aug Sep							
April May June July Aug Sep Oct						. /	
April May June July Aug Sep Oct Nov							
April May June July Aug Sep Oct						. 7	

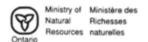




Annual Report of Monthly **Injection** for the year <u>1998</u>

Form 6	To: the Minister of Natur	ral Resources			
Operator:	Paragon Petroleun	n Corp Tel.	# 213	-7481 Fax#	(403) 269-9104
Address #	3500, 100 - 2nd 5	Street			
		AB TZP	2W2		
	only applies to fluid injection for	or secondary rec			
THE RESERVE THE PERSON NAMED IN	on wells must be reported and al	l injection must b		the last party and the last of	fficient attach additional forms.
Well Nam			Source	the section of the se	
Township:				Formation:	
Tract	Lot Concession		Fluid T	**	
Well Licer			_	on Formation:	
	s - Mode*:		Injection	on Pool:	
Injection F	Permit #:				
* As of De	ec. 31 - Active, suspended, aban	doned, testing, p	otential		
Description	n of fluid treatment prior to inje	ation:			
Descriptio	n of fluid treatment prior to inje	cuon.			
Month	Volume Injected (m³)	Average Daily		Days on	Injection Rate
	, , ,	Injection Press	ire	Injection	(m³/day)
		(kPag at wellhe	ad)	_	
Jan					
Feb					
Mar					
April					
May					
June	Form (not app	2)1/0	ble to	
July	10	Para		DIC R	,
Aug		1	3011		, ,
Sep					
Oct					
Nov					
Dec					
Total					
	signed certifies that the above inform	nation is complete		ate and he/she has au	thority to bind the operator.
Name:	harlene Bagu		Date:	February	9 1999
Signature	Charlene Bagu		Positio	on Held:	1 . ,





Annual Report of Monthly **Injection** for the year 1998

Form 6	To: the Minister of Natural Resource	es	
Operator:	Range Petroleum Corporation	Tel. # (403) 264-8771	Fax # (403) 266-1927
Address	#900, 736-6th Avenue S.W. Calgary, AB		
	T2P 3T7		
This form	ouls applies to fluid injection for secondar	mi ragavami	

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:	
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

Descripti	on of fluid treatment prior to	injection:		
Month	Volume Injected (m³)	Average Daily	Days on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
Jan				
Feb				
Mar				
April				
May	* *			
June	7 ,			
July				2
Aug				
Sep				
Oct				
Nov				
Dec				

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

Name: B.W. Goruk	Date: Feb 10/99
Signature: Dichard 2/19	Position Held: Vice-President, Production

Total

Annual Report of Monthly Injection for the year 1998

TO: the Minister of Natural Resources

Operator Address:	Shiningbank Energy Ltd. #1050, 250 - 6 Avenue SW Calgary, Alberta T2P 3H7	Tel #: (403) 268-7477 Fax # (403) 268-7499	
Well Name: Township: Tract Lot Well Licence #: Well Status - Mode *:	Rodney Unit #1 Water Injection Aldborough Concession Active	Source Pool: Source Formation: Fluid Type: Injection Formation: Injection Pool:	Aquifer Fresh Water
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	15876.9	3400	31	
Feb	14157.8	3400	28	
Mar	15516.8	3400	31	
Apr	15253.8	3400	30	
May	15326.1	3400	31	
Jun	14801.2	3400	30	
Jul	19914.0	3400	31	
Aug	20507.0	3400	31	
Sep	18642.0	3400	30	25
Oct	20605.0	3400	31	.*
Nov ·	20216.0	3400	30	
Dec	21302.0	3400	31	
Total	212118.6	•	365	

Name:	E. Tarocuy e	Data	Feb 11	901
Signature:	Esteeningl		,	,

Annual Report of Monthly Injection for the year 1998

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 Aldborough Source Formation: Township: Tract Fluid Type: Fresh Water Lot 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		9877	2950	31	
Feb	- 1	7028	2950	28	
Mar	- 1	7581	2950	31	
Apr	- 1	6759	2950	30	
May	- 1	7302	2950	31	
Jun	- 1	7413	2950	30	
Jul	٠ ا	7937	2950	31	
Aug	,	8332	2950	31	
Sep		7695	2950	30	
Oct	- 1	8650	2950	31	.*
Nov ·		6391	2950	30	
Dec		6528	2950	31	
Total		91493		365	

Name:	E. Tanczy e	Date: Le 11	9 Cj
Signature:	Exclusion,		

Annual Report of Monthly Injection for the year 1998

TO: the Minister of Natural Resources

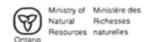
Operator	Shiningbank Energy Ltd.	Tel #: (403) 268-7477	
Address:	#1050, 250 - 6 Avenue SW	Fax # (403) 268-7499	
	Calgary, Alberta T2P 3H7		

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

Description of fluid treatment prior to injection:

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	9899.0	2950	31	
Feb	8140.0	2950	28	
Mar	7556.0	2950	31	
Apr	6282.0	2950	30	
May	6021.0	2950	31	
Jun	5357.0	2950	30	
Jul	5776.0	2950	31	
Aug	6168.0	2950	31	
Sep	7102.0	2950	30	
Oct	7317.0	2950	31	.*
Nov ·	6431.0	2950	30	-
Dec	7864.0	2950	31	
Total	83913.0		365	

Name: {	Laccaye	Date:	99
Signature:	E-facione		



Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776 Fax	# (403) 237-1466
Address 2400 855 2nd St. S.W. 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 #:	

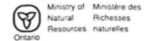
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	1625.0	3155	307	127.0
Feb	2625.0	2904	455	138.5
Mar	3638.0	3421	656	133.1
April	3298.0	3608	615	128.7
May	3465.0	3866	682	121.9
June	2483.0	3541	497	119.9
July	3441.0	3903	624	132.3
Aug	3208.0	4035	657	117.2
Sep	3272.0	4308	668	117.6
Oct	3379.0	4221	688	117.9
Nov	3125.0	4607	679	110.5
Dec	3598.0	4835	718	120.3
Total	37157.0	46404	7246	1484.8

Name: Jody McEwen	Date: January 20, 1999
Signature Jody mic	Position Held: Canadian Operations Accountait.





Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax #	(403) 237-1466
Address 2400 855 2nd St. S.W. 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	Hours on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
Jan	7151.0	1503	740	231.9
Feb	6267.0	1454	663	226.9
Mar	6536.0	1711	700	224.1
April	5580.0	1570	688	194.7
May	6836.0	1697	734	223.5
June	7217.6	2113	719	240.9
July	7422.0	2223	744	239.4
Aug	6851.0	2145	735	223.7
Sep	6871.0	2327	712	231.6
Oct	6590.0	1758	744	212.6
Nov	6818.0	1913	720	227.3
Dec	6407.0	2219	714	215.4
Total	80546.6	22633	8613	2691.9

Name: Jody McEwen	Date: January 20, 1999	-
Signature of mede	Pasition Held: Canadi	an Operations Accountant



Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax	# (403) 237-1466
Address 2400 855 2nd St. S.W. 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	

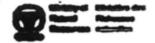
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	3217.0	4807	671	115.1
Feb	2863.0	4835	601	114.3
Mar	2954.0	4631	620	114.3
April	2789.0	4077	584	114.6
May	3021.0	4168	654	110.9
June	2853.0	4058	607	112.8
July	3024.0	4673	644	112.7
Aug	3097.0	4855	670	110.9
Sep	2989.0	4895	679	105.6
Oct	2740.0	4566	633	103.9
Nov	3069.0	4988	678	108.6
Dec	3204.0	5039	722	106.5
Total	35820.0	55592	7763	1330.3

Name: Jody McEwen Da	Date: January 20, 1999		
Signature Pody mie Pis	sition Held: Canadian	operations	Accountant





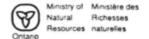
Annual Report of Monthly Injection for the year 1998

Form 6	To: the Minister of N	latural Resources			
	LONNIE BARNES	THE RESERVE AND PERSONS ASSESSED.	519-834-2339	Fax # 5	19-834-2155
	258! DUAYEE ST				
_	RINGS , ON , NON 1PO				
This form	only applies to fluid injection wells must be reported an	on for secondary record ad all injection must b	overy. e reported. If space	is insuffi	cient attach additional forms.
	C: MACGILLIVAAY		Source Pool:	aganto b	7
	ENNISKILLEN		Source Formation:	248'	
Tract	Lot 18 Concessio	n 2	Fluid Type: FR	ESH W	ATER
Well Lice			Injection Formation: DUNDEE		
Well State	us - Mode*: Active		Injection Pool:		
	Permit #: N/A				
	ec. 31 - Active, suspended, a	bandoned, testing, por	tential		
Description	on of fluid treatment prior to	injection:	Annual Control of Cont		
	settling				
	1				
Month	Volume Injected (m³)	Average Daily Injection Pressur (kPag at wellhea			n ³ /day)
Jan	14.10.50	375/ 93 44	31		110 5

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	1410.50	2756.92 KA	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	1.
Aug	1910-50		31	
Sep	1365-00		30	
Oct	140.50		31	
Nov	1365-00		30	
Dec	1410-50		31	
Total	16 607 .50	2756 92 k Pag	365	16,607.50

The undersigned certifies that the above information is complete	and accurate and he/she has authority to bind the operator.	_
	Date: garwary 29, 1999	
Signature: Donna Barnes		





Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2nd St. S.W. 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.

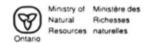
Well Name: Mersea 6-23-VII	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 6 Lot 23 Concession VII	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

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

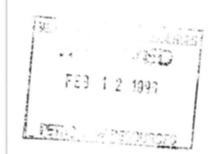
Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	7151.0	1503	740	231.9
Feb	6267.0	1454	663	226.9
Mar	6536.0	1711	700	224.1
April	5580.0	1570	688	194.7
May	6836.0	1697	734	223.5
June	7217.6	2113	719	240.9
July	7422.0	2223	744	239.4
Aug	6851.0	2145	735	223.7
Sep	6871.0	2327	712	231.6
Oct	6590.0	1758	744	212.6
Nov	6818.0	1913	720	227.3
Dec	6407.0	2219	714	215.4
Total	80546.6	22633	8613	2691.9

Name: Jody McEwen	Date: January 20, 1999	
Signature Jody mede	Pasition Held : Conad	lian Operations Accountant



Annual Report of Monthly **Injection** for the year 1998



Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	fax # (403) 237-1466
Address 2400 855 2nd St. S.W. 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.

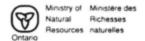
Well Name: Mersea 3-15-I	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 3 Lot 15 Concession I	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Black River Formation
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	1625.0	3155	307	127.0
Feb	2625.0	2904	455	138.5
Mar	3638.0	3421	656	133.1
April	3298.0	3608	615	128.7
May	3465.0	3866	682	121.9
June	2483.0	3541	497	119.9
July	3441.0	3903	624	132.3
Aug	3208.0	4035	657	117.2
Sep	3272.0	4308	668	117.6
Oct	3379.0	4221	688	117.9
Nov	3125.0	4607	679	110.5
Dec	3598.0	4835	718	120.3
Total	37157.0	46404	7246	1484.8

Name: Jody McEwen	Date: January 20, 1999
Signature Jody zuc	Position Held: Canadian Operations Accountait.



Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2nd St. S.W. 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:

Volume Injected (m ³)	Average Daily	Hours on	Injection Rate
		Injection	(m³/day)
	(kPag at wellhead)		
3217.0	4807	671	115.1
2863.0	4835	601	114.3
2954.0	4631	620	114.3
2789.0	4077	584	114.6
3021.0	4168	654	110.9
2853.0	4058	607	112.8
3024.0	4673	644	112.7
3097.0	4855	670	110.9
2989.0	4895	679	105.6
2740.0	4566	633	103.9
3069.0	4988	678	108.6
3204.0	5039	722	106.5
35820.0	55592	7763	1330.3
	3217.0 2863.0 2954.0 2789.0 3021.0 2853.0 3024.0 3097.0 2989.0 2740.0 3069.0 3204.0	Injection Pressure (kPag at wellhead) 3217.0 4807 2863.0 4835 2954.0 4631 2789.0 4077 3021.0 4168 2853.0 4058 3024.0 4673 3097.0 4855 2989.0 4895 2740.0 4566 3069.0 4988 3204.0 5039	Injection Pressure (kPag at wellhead) 3217.0 4807 671 2863.0 4835 601 2954.0 4631 620 2789.0 4077 584 3021.0 4168 654 2853.0 4058 607 3024.0 4673 644 3097.0 4855 670 2989.0 4895 679 2740.0 4566 633 3069.0 4988 678 3204.0 5039 722

Name: Jody McEwen	Date: January 20, 1999		
Signature gody mie	Position Held: Canadian	Operations	Accountant



Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2nd St. S.W. Calgary, Alberta		
T2P 4J9		

This form only applies to fluid injection for secondary recovery.

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

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	7151.0	1503	740	231.9
Feb	6267.0	1454	663	226.9
Mar	6536.0	1711	700	224.1
April	5580.0	1570	688	194.7
May	6836.0	1697	734	223.5
June	7217.6	2113	719	240.9
July	7422.0	2223	744	239.4
Aug	6851.0	2145	735	223.7
Sep	6871.0	2327	712	231.6
Oct	6590.0	1758	744	212.6
Nov	6818.0	1913	720	227.3
Dec	6407.0	2219	714	215.4
Total	80546.6	22633	8613	2691.9

Name: Jody McEwen	Date: January 20, 1999
Signature ody mede	Pasition Held: Considian Operations Accountant





Annual Report of Monthly Injection for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2 nd St. S.W. Calgary, Alberta		
T2P 4J9		

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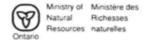
Well Name: Mersea 3-15-I	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 3 Lot 15 Concession I Fluid Type: Oilfield Brine	
Well Licence #:	Injection Formation: Black River Formation
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

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

	Description of fluid treatment prior to injection:	
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Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	1625.0	3155	307	127.0
Feb	2625.0	2904	455	138.5
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Sep	3272.0	4308	668	117.6
Oct	3379.0	4221	688	117.9
Nov	3125.0	4607	679	110.5
Dec	3598.0	4835	718	120.3
Total	37157.0	46404	7246	1484.8

Name: Jody McEwen	Date: January 20, 1999
Signature Jody Zuc	Position Held: Canadian Operations Accountait.



Annual Report of Monthly **Injection** for the year 1998

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4776	Fax # (403) 237-1466
Address 2400 855 2nd St. S.W. 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 (m³)	Average Daily Injection Pressure	Hours on Injection	Injection Rate (m³/day)
		(kPag at wellhead)		
Jan	3217.0	4807	671	115.1
Feb	2863.0	4835	601	114.3
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Nov	3069.0	4988	678	108.6
Dec	3204.0	5039	722	106.5
Total	35820.0	55592	7763	1330.3

Name: Jody McEwen	Date: January 20, 1999		
Signature: Jody mie	Pesition Held: Canadia	· Operations	Accountant
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