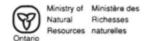


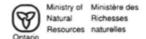
Form 6	orm 6 To: the Minister of Natural Resources								
Operator:	LONNIE BARNES	Tel.	#519-8	34-2339 Fax	# 519-834-2155				
Address	2581 DURYEE ST								
C STORES	AND DESCRIPTION OF THE OWNER, WHEN PERSON NAMED IN	all injection must b		or named with the owner of the owner.	sufficient attach additional forms.				
	didress 2581 DURYEE ST  IN SPRINGS ON NON IPO  Dis form only applies to fluid injection for secondary il injection wells must be reported and all injection mell Name: MAC GILLIVAAY  DWASHIP: ENNISCILLEN  DEATH OF THE STATE OF			Pool:					
					+8'				
		2	Fluid						
			_		DUNDEE				
	Township: ENNISCILLEN  Tract Lot 18 Concession 2  Well Licence #: N/A  Well Status - Mode*: Active  Injection Permit #: N/A  * As of Dec. 31 - Active, suspended, abandoned, testing,  Description of fluid treatment prior to injection:  pond settling			on Pool:					
		4		77.					
* As of De	ec. 31 - Active, suspended, abar	idoned, testing, po	tential						
Descriptio	n of fluid treatment prior to inje	ection:							
	7								
Month	Volume Injected (m <sup>3</sup> )			Days on	Injection Rate				
ì				Injection	(m³/day)				
Jan	1410.50	_		31	45.5				
Feb				2.8	13.3				
Mar		1400 1311		31					
April				30					
May				31					
June				30					
July				31					
Aug				31					
Sep				30					
Oct				31					
Nov				30					
Dec				31					
Total		2756-92 k Pag		365					
		11.41							
	igned certifies that the above infor	mation is complete:		rate and he/she has a	authority to bind the operator.				
Name:	DONNA BARNES		Date:	Jan 25,20	00				
Signature:				0					



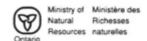


Form 6	10: the Minister of Nati	nai Resources					
Operator:	Cameron Petroleum Inc.		el. # 657-9	304	Fax#	657-3633	
Address	P.O. Box 20109, 431 Boler I	Road					
	London, Ontario N6K 4G6						
	only applies to fluid injection j						
	on wells must be reported and a	NAME AND ADDRESS OF THE OWNER, OF TAXABLE PARTY.	Company of the latest	THE RESERVE AND ADDRESS OF THE PARTY OF THE		ient attach ad	ditional forms.
Well Nam		45	Source		Gobles		
Township:				Formation:			
Tract 3	Lot 7 Concession	1	Fluid T				
Well Licer				on Formation:			
	s - Mode*: Suspended		Injection	on Pool:			
Injection F							
* As of De	ec. 31 - Active, suspended, aban	doned, testing,	potential				
D			-				
Descriptio	n of fluid treatment prior to inje	ction:					
Month	Volume Injected (m³)	Average Dail	v	Days on	Ir	jection Rate	
Wildin	volume injected (iii )	Injection Pres		Injection		n <sup>3</sup> /day)	
		(kPag at welli		9	,	,,,,	
Jan	NIL	NIT	,	NIL		Ņ	IL
Feb							
Mar							
April							
May							
June							
July							
Aug							
Sep							
Oct							
Nov							
Dec		-			-		
Total	<del>                                     </del>	<del> </del>		<del></del>			,
1 Otal	V				-		
The undersi	igned certifies that the above inform	nation is complete	e and accura	te and he/she ha	s author	ity to bind the	operator.
Name:	Madeline Brett	on is complete	Date:	February 11,		ing to onid the	op states.
Signature:		0 ./	Positio				
Signature:	Medeline my	rett	FOSITIO	ii. Fiesidelli			

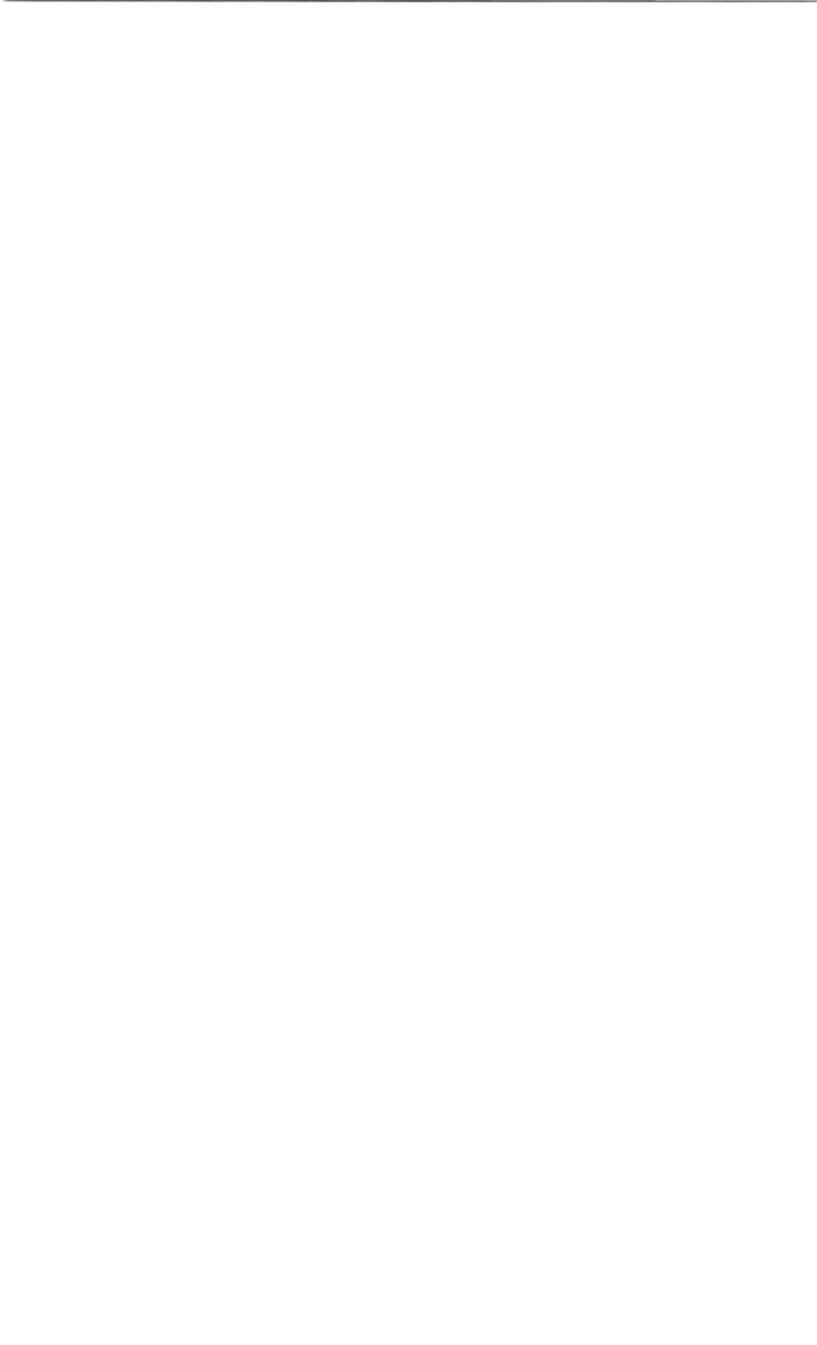


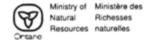


Form 6	To: the Ministe	er of Natural Resou	rces						
Operator:	Cameron Petroleum	Inc.	Tel. # 657-9304 Fa					57-3633	
Address	P.O. Box 20109, 43	1 Boler Road							
	London, Ontario N	16K 4G6							
	n only applies to fluid i								
	ion wells must be repor		must be					nt attach ac	dditional forms.
Well Nan		42		Source		Gobles			
Township					Formatio	n:			
Tract		oncession 2		Fluid T	**		_		
Well Lice					on Forma	tion:			
		ended		Injection	on Pool:				
Injection	Permit #:								
* As of D	ec. 31 - Active, suspen	ded, abandoned, tes	ting, po	tential					
Daggrint'	on of fluid tractment	iar ta injection:				-	-		
Description	on of fluid treatment pri	or to injection:					+		
							+		
							_		
Month	Volume Injected (m <sup>3</sup>	) Average	Daily		Days on		Inje	ction Rate	:
	· crame mycerca (m	Injection		re				m <sup>3</sup> /day)	
		(kPag at	wellhea	nd)					
Jan	NIL		NIT		NIT			ŅIL	
Feb									
Mar									
April									
May									
June									
July									
Aug									4.5
Sep							$\top$		
Oct							$\top$		
Nov							+		
Dec							_		
Total	<del>                                     </del>		$\rightarrow$			,	+		<u> </u>
2 0141	<b>V</b>		_				-		·
The under	signed certifies that the ab	ove information is co	mplete a	nd accura	te and he/s	he has aut	hority	to bind the	e operator.
Name:	Madeline Brett			Date:		ary 11, 20			
Signature	Modeline	D. R. ++	wa	Positio	n: Pres	ident	+		
	practine	moule							



Operator	The second secon	ural Resources				
Operator:	Cameron Petroleum Inc.		. # 657-9304	Fax #	657-3633	
Address	P.O. Box 20109, 431 Boler	Road				
	London, Ontario N6K 4G6					
	only applies to fluid injection					
	on wells must be reported and a	ill injection must b	be reported. If space	e is insuffi	cient attach additional forms.	
Well Nam				Gobles Po	ool	
Township			Source Formation	1:		
Tract 7	201 10 0011010101	1	Fluid Type:			
Well Lice			Injection Formati	on:		
	us - Mode*: Suspended		Injection Pool:			
Injection	Permit #:					
* As of D	ec. 31 - Active, suspended, abar	ndoned, testing, po	otential			
Description	on of fluid treatment prior to inj	ection:				
Month	Volume Injected (m³)	Average Daily	Days on		Injection Rate	
Monut	volume injected (iii )	Injection Press			(m³/day)	
		(kPag at wellhe		1	(4, 744)	
Jan	NIL	NIL	NII	L	ŅIL	
Feb						
Mar						
April						
April May						
May June						
May June July						
May June July Aug						
May June July Aug Sep						
May June July Aug Sep Oct						
May June July Aug Sep Oct Nov						
May June July Aug Sep Oct						





Well Status - Mode\*:

Injection Permit #:

Oil, Gas and Salt Resources Act

### Annual Report of Monthly **Injection** for the year \_\_\_\_1999\_

Form 6	To: the Minister of Natural Resourc	es			
Operator:	Cameron Petroleum Inc.	Tel.	£ 657-9304	Fax#	657-3633
Address	P.O. Box 20109, 431 Boler Road				
	London, Ontario N6K 4G6				
	only applies to fluid injection for secondar in wells must be reported and all injection r			nsuffic	ient attach additional forms.
Well Name	: Kewanee Gobles 24		Source Pool:	Gobles	
Township:	Blenheim		Source Formation:		
Tract	Lot 18 Concession 1		Fluid Type:		
Well Licen	ce #· 1492		Injection Formation:		

Injection Pool:

Suspended

Description of fluid treatment prior to injection:

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)		
Jan	NIL	ŅIL	NIL	ŅIL		
Feb						
Mar						
April						
May						
June						
July						
Aug						
Sep						
Oct				,		
Nov		1				
Dec						
Total	<u> </u>	<u> </u>	<b>—</b>	<b>—</b>		

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

Name: Madeline Brett Date: February 11, 2000

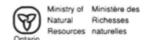
Signature: Position: President





Form 6	To: the M	linister of Natu	ral Resources							
Operator:	Cameron Petro	oleum Inc.		Tel.	# 657-9	304	Fax	#	657-3633	
Address	P.O. Box 201	09, 431 Boler R	Road							
	London, Onta	rio N6K 4G6								
	only applies to f									
A STATE OF THE PARTY OF THE PAR	on wells must be	Name and Address of the Owner, where the Publishers of	NAME AND ADDRESS OF THE OWNER, WHEN	ust be	_	THE RESERVE AND DESCRIPTION OF THE PERSON.	ASSESSMENT OF THE PARTY OF THE	_	ent attach ac	ditional forms.
Well Nam		#31 Gobles 20	)		Source		Goble	ès.		
Township:						Formatio	on:	_		
Tract 7	Lot 16	Concession			Fluid T			_		
Well Licer					_	on Forma	tion:	_		
		Suspended			Injectio	on Pool:		_		
Injection P	The second secon				L			_	-	
* As of De	c. 31 - Active, su	ispended, aband	doned, testing	g, pot	tential					
Description	n of fluid treatme	ent prior to inject	ction:							
								_		
						-		÷		
Month	Volume Injecte	ed (m°)	Average Da Injection Pr					Injection Rate (m³/day)		
			(kPag at we			nijecilo	"	(1	ii /day)	
Jan	NI	L		ŢĹ		NIL		ŅIL		
Feb										
Mar										
April										
May										
June										
July										
Aug										2.
Sep										
Oct										
Nov										
Dec										
Total	,	7		*		,	7		•	7
					The last of the last					
The undersi	gned certifies that Madeline Brett	the above inform	nation is compl	lete ar	nd accura Date:		she has autuary 11, 2			operator.
	1							00		
Signature:	Madelin	. Jak	1		Positio	n: Pres	sident			





Form 6

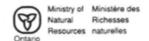
Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

Operator:	Cameron Petrol	eum Inc.		Tel.	# 657-9304 Fax #			657-3633		
Address	P.O. Box 2010	9, 431 Boler F	Road							
	London, Ontari	o N6K 4G6								
	only applies to flu on wells must be re					d If snac	re is insuf	ffici	ent attach ad	ditional forms
	e: McMaster #22 -		i injection i	Tube of	Source	the second second	Gol			ditional forms.
Township:		Gooles 10				Formatic		nes		
Tract	Lot 20	Concession	1		Fluid T	vpe:				
Well Licen	ice #: 1278					on Format	tion:			
Well Statu	s - Mode*: Ab	andoned /p	luggedt	. ,	Injection	on Pool:				
Injection P										
* As of De	c. 31 - Active, sus	pended, aban	doned, testir	ıg, pot	ential					
Description	n of fluid treatmer	nt prior to inje	ction:							
									-	
N/1	** * * * * * *	( 3)	T 4	. "		D.				
Month	Volume Injected	(m°)	Average I Injection I (kPag at w	ressu		Days on Injection			njection Rate n <sup>3</sup> /day)	
Jan	NIL			VIL	(d)	NJL			NIL	
Feb	- 112		· ·	-		NIL			- '	IL.
Mar								_		
April										
May										
June										
July										
Aug										
Sep										
Oct										
Nov										
Dec										
Total	+		,	,		,	,			,
									· · · · ·	
The undersi Name:	gned certifies that the Madeline Brett	ne above inform	nation is com	olete ar	nd accura Date:		he has aut y 11, 200		ity to bind the	operator.
Signature:	Midely	Dak	iett		Positio	n: Pres	ident			



Form 6	To: the Minister of N	Vatural Resource	es							
Operator:	Cameron Petroleum Inc.		Tel. # 657-9304 Fax #					657-3633		
Address	P.O. Box 20109, 431 Bol	er Road								
	London, Ontario N6K 4	G6								
This form	n only applies to fluid injection	on for secondar	ry recov	ery.						
WHEN PERSON AND PERSONS ASSESSED.	ion wells must be reported an	THE RESERVE OF THE PERSON NAMED IN	-			ce is insuf	fic	ient attach addi	itional form	ns.
	ne: Robert McMaster & Sons	- Gobles 7		Source		Gobles				
Township					Formation	on:				
	3 Lot 19 Concess	ion 1		Fluid T						
Well Lice					on Forma	tion:				
	us - Mode*: Suspende	:d	1	Injection	on Pool:					
Injection	Permit #:									
* As of D	ec. 31 - Active, suspended, al	oandoned, testir	ng, poter	ntial						
							_			
Descripti	on of fluid treatment prior to	njection:					_			
							_			
							-			
	T 3	T	- "		- D		Ų			
Month	Volume Injected (m <sup>3</sup> )	Average I				njection Rate m³/day)				
			Injection Pressure Injection (kPag at wellhead)				ď	n /day)		
Jan	NIL		NĮL		NIL		7	NIL		
Feb										
Mar							$\neg$			
April			+				7			
May							7			
June							7			
July			+				+			
Aug	<del>                                     </del>		+-				+			
Sep			+				+			
Oct			+				+			
Nov	-		-				+			
	-		-				+			
Dec							4			
Total	*		*		'	*	4		1	
The under	sioned costifies that the chave in	formation is some	mlata and	Lacoura	to and ha/	cha hac aut		rity to hind the ou	norator	
Name:	signed certifies that the above in: Madeline Brett	ormation is com		Date:		ry 11, 200		ncy to oma the o	perator.	
							-			
Signature	" 6 Madeline In	Brett		Positio	n: Pre	sident				
Signature		biett		Positio		sident				

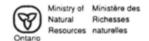


rorm o	10: the Minister of Natu	rai Resource				-	-		
Operator:	Cameron Petroleum Inc.		Tel. #	# 657-9	304	Fax #	657-	-3633	
Address	P.O. Box 20109, 431 Boler R	load							
	London, Ontario N6K 4G6					_			
	only applies to fluid injection f								
	on wells must be reported and al		ust be		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	A PROPERTY OF THE PARTY OF THE	cient a	ttach ad	ditional forms.
	e: Robert McMaster & Sons -	Gobles 4		Source		Gobles	-		
Township: Blenheim Source Formation:									
Tract	Lot 22 Concession	1		Fluid T			-		
Well Licer					n Format	ion:	-		
	s - Mode*: Suspended			Injectio	n Pool:		-		
Injection F									
* As of De	ec. 31 - Active, suspended, abanc	doned, testin	g, pot	ential					
			-				-		
Descriptio	n of fluid treatment prior to inject	ction:					-		
							+		
		-					+		
Month	Volume Injected (m <sup>3</sup> )	Avarage D	ail.	Т	Days on		de la ati	on Doto	
Month	volume injected (m )	Average Di Injection P				njection Rate m³/day)			
		(kPag at we			Injection	·	ui /da	3)	
Jan	NIL		IJĻ		NIL		ŅIL		
Feb									
Mar			$\top$						
April			+						
May			+						
June			+				+		
July			+				_		
Aug			+				-		
Sep			+-				-		
Oct			+			-	-		
			+				+		
Nov			+				-		
Dec			+-				-		
Total	*		*						<b>7</b>
m					115 - /-	h - h			
Name:	igned certifies that the above inform Madeline Brett	iation is comp	nete an	Date:		11, 2000	ority to	oind the	operator.
	7						-		
Signature:	Thakeline InB	sett		Position	n: Pres	ident			



Form 6 To: the Minister of Natural Resources											
Operator:	Cameron Petroleum Inc. Tel. # 657-9304 Fax #							57-3633			
Address P.O. Box 20109, 431 Boler Road											
	London, Ontario N6K 4G6										
This form only applies to fluid injection for secondary recovery.  All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.											
THE RESERVE THE PERSON NAMED IN	Well Name: Robert McMaster & Sons - Gobles 2 Source Pool: Gobles										
Township: Blenheim Source Formation:											
Tract Lot 19 Concession 1 Fluid Type:											
	Well Licence #: 141 Injection Formation:										
Well Statu	s - Mode*: Suspended				on Pool:		t				
Injection P							t				
	c. 31 - Active, suspended, abanc	doned, testing	g, pot	ential			t				
110 01 00	,		6, P -								
Description	n of fluid treatment prior to inje	ction:					Т				
							L				
							+				
		-	Miles of the		_		+		1		
Month	Volume Injected (m <sup>3</sup> )	Average Da			Days on			ection Rate			
		Injection P			Injection	n l	m	/day)			
Jan	NIL		ΙĮL	(1)	NIL		t	NIL			
Feb							t				
Mar			$\top$				t				
April			+				t				
May			+				t				
June			+				t				
July			+				t				
Aug			+				t				
Sep			+				t				
Oct			+				t				
Nov			+				t				
Dec			+				t				
Total	*		<b>+</b>		,	,	t		,		
	-		•		,		t				
	gned certifies that the above inform	nation is comp	lete ar				ority	y to bind the	operator.		
Name:	Madeline Brett			Date:	February	11, 2000					
Signature: President Position: President											





## Annual Report of Monthly **Injection** for the year \_\_\_\_1999\_

Form 6	To: the Minister of Natural	Resources
		And in case of the case of

Operator:	Cameron Petroleum Inc.	Tel. #	657-9304	Fax #	657-3633
Address	P.O. Box 20109, 431 Boler Road				
	London, Ontario N6K 4G6				

This form only applies to fluid injection for secondary recovery.

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

Well Name: Imperial Union Grand Bend # 2 & # 6	Source Pool: Grand Bend
Township: McGillivray	Source Formation: Brine Produced
Tract Lot 41 Concession NB	Fluid Type: Salt Water
Well Licence #: 1063	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

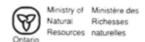
<sup>\*</sup> As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection: N/A

Month	Volume Injected (m <sup>3</sup> )	Average Daily	Days on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
Jan	765	0	31	24.68
Feb	836	0	28	29.86
Mar	1458	0	31	47.03
April	1203	0	30	40.10
May	1823	0	31	58.81
June	1810	0	30	60.33
July	1951	0	31	62.94
Aug	1895	0	29	65.34
Sep	1929	0	30	64.30
Oct	1900	0	31	61.29
Nov	1712	0	30	57.07
Dec	1754	0	31	56.58
Total	19036		363	52.44

Name: Madeline Brett	Date: February 11, 2000
Signature: (Madeline ho Brett	Position: President





Operator:	To: the Minister of Natu	ıral Resources				
	CanEnerco Limited	Tel.	# (519)	433-7710	F	ax # (519) 433-7588
Address:	200 Queens Ave., Suite 480					
	London, On. N6A 1J3					
This form	only applies to fluid injection j	for secondary rec	overy.			
	on wells must be reported and a	I injection must b			suffic	ent attach additional forms.
Well Name			Source			
Township:				Formation:		
Tract	Lot Concession		Fluid 7			
Well Licer			-	on Formation:		
	s - Mode*:		Injection	on Pool:		
Injection P	ermit #:					
* As of De	c. 31 - Active, suspended, aban	doned, testing, po	tential			
D	CQ 11.					
Description	n of fluid treatment prior to inje	ction:				
Month	Volume Injected (m³)	Average Daily		Days on	In	jection Rate
	voidine injected (iii )	Injection Pressu				³/day)
		(kPag at wellhea		,	,	
Jan	NIL REPORT					
Feb						
Mar						
					$\neg$	
April						
April May					+	
-						
May					+	
May June					+	
May June July						
May June July Aug						
May June July Aug Sep Oct						
May June July Aug Sep Oct Nov						
May June July Aug Sep Oct						

, of FORM 109

9 Petroleum Resources Act

ANNUAL REPORT OF MONTHLY INJECTION

for the year ending December 31, 1999

ne:	CHATHAM R	ESOURCES	LTD.	Well Pen	mit No.:		Injection Permit No.			
	20 Jackson St. W., Ste. 410 Hamilton, ON L3P 1L2			Well Nac	ne:			Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)  Injection Formation		
				Location:						
		-			County	Township   Lo	Conc.			
Linjestion	wells operated must h	erroported	(2) All injection mu	ust be repor	ted (3) Where space	is insufficient, attach add	onal forms,			
	INJ	E C TI O	N DATA					AVERAGE DAILY		
Fluid So	ource Fluid Ty	pe	Fluid Treatment Pr Injection	ior to	Volume Injected (10°m)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other sexpla-	
	ME HAVE NO	NATER I	JECTION WES	LLS, TH	EREFORE, NO	BRINE WATER WA	INJECTED	DURING THE YEAR		
			1							
	-									
									,	
			**							
	-									
					-					
		-								
	The second secon									

February 10, 2000

SIGNATURE:\_

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# Oil, Gas and Salt Resources Act Annual Report for Monthly **Injection**for the year 1999

Form 6

To the Minister of Natural Resources

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

This form only applies to fluid injection for secondary recovery.

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

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

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

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

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

Name:	per: Jar	e Loy	rje	Date:	11.Feb.00
Signature:		-    h	lourie	Position Held:	President



### Annual Report for Monthly **Injection** for the year 1999

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To the Minister of Natural Resources

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

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

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

Well Name:		Imperial Bluewater (908)				Source Pool:	Thames River	
Townshi	p:			Dunwich		Source Formation:	Not applicable	
Tract:	1	Lot:	23	Concession:	2	Fluid Type:	Fresh Water	
Well 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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per: Jane Lowrie	Date:	11.Feb.00
Signature:	( Kourie	Position Held:	President





### Annual Report for Monthly **Injection** for the year 1999

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit C - 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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per: Jame Lowrie	Date:	11.Feb.00
Signature:	( Nourie	Position Held:	President



### Annual Report for Monthly **Injection** for the year 1999

#### To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit C - 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
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per. Jane Lowrie	Date:	11.Feb.00	
Signature:	( Rounie)	Position Held:	President	





### Annual Report for Monthly **Injection** for the year 1999

To the Minister of Natural Resources

Operator:	: Clearbeach Resources Inc.		(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit C - 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 #:		Ener	gy Board Order 4	1			

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

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

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

Name:	per:	Jane Lowrie	Date:	11.Feb.00	
Signature:	118	ourie	Position Held:	President	





## Oil, Gas and Salt Resources Act Annual Report for Monthly **Injection**for the year 1999

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit C - 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:	Syde	enham River & Production				
Townshi	ip:			Sombra		Source Formation:		Salina - A 1 Unit	
Tract:	6	Lot:	9	Concession:	5	Fluid Type:	F	resh & Salt Water	
Well Lice	ence #	<b>#</b> :		945		Injection Formation:		A 1 Salina - Silurian	
Well Sta	itus - N	Mode*:		Suspended		Injection Pool:		West Becher Unit	
Injection	Perm	nit #:	Order	in Council - 17.Ap	r.63				

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

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

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

Name:	per: Jane Lowrie	Date:	11.Feb.00
Signature:	( Nourie	Position Held:	President





## Oil, Gas and Salt Resources Act Annual Report for Monthly **Injection**for the year 1999

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit C - 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.

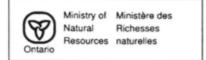
Well Nam	ne:	Imperial I	Becher 7	6 I.W.(853)H. J	lohnston 1	Source Pool:	Syde	enham River & Production
Township	):			Sombra		Source Formation:		Salina - A 1 Unit
Tract:	6	Lot:	9	Concession:	5	Fluid Type:	F	resh & Salt Water
Well Lice	nce	#:		1637		Injection Formation:		A 1 Salina - Silurian
Well State	us -	Mode*:		Suspended		Injection Pool:		West Becher Unit
Injection	Perr	nit #:	Order i	n Council - 17.	Apr.63			

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

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

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

Name:	per: Jane Lowrie	Date:	11.Feb.00
Signature:	C. Kource	Position Held:	President



### Annual Report for Monthly **Injection** for the year 1999

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit C - 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:	Syde	enham River & Production		
Townshi	ip:			Sombra		Source Formation:		Salina - A 1 Unit
Tract:	8	Lot:	4	Concession:	5	Fluid Type:	F	resh & Salt Water
Well Lice	ence #	<b>#</b> :		8589		Injection Formation:		A 1 Salina - Silurian
Well Sta	itus - N	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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name: per	Jane Lowrie	Date:	11.Feb.00
Signature:	Kourie	Position Held:	President



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

#### for the year 1999

Form 6

To the Minister of Natural Resources

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

This form only applies to fluid injection for secondary recovery.

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

Well Name: Imperial Oil 235 - Becher 55 - Johnston 3				Becher 55 - John	Source Pool:	Sydenham River & Production	
Township: Sombra				Sombra	Source Formation:	Salina - A 1 Unit	
Tract:	1	Lot:	8	Concession:	5	Fluid Type:	Fresh & Salt Water
Well Lice	ence	#:		8598		Injection Formation:	A 1 Salina - Silurian
Well Sta	tus -	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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	per: Jane Lowrie	Date:	11.Feb.00
Signature:	Koure	Position Held:	President



## Annual Report for Monthly **Injection** for the year 1999

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit C - 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.

-	The second field the reported and an injustical material in operation in operation and an administration to the							
Well Name: Imperial Oil 220 - Becher 53 - Johnston 2				Source Pool:	Syde	enham River & Production		
Township: Sombra				Source Formation:		Salina - A 1 Unit		
Tract:	2	Lot:	9	Concession:	5	Fluid Type:	F	resh & Salt Water
Well Licence #: 8601		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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

Name:	øer	Jane Lowrie	Date:	11.Feb.00
Signature:	- 1	Kourie	Position Held:	President





## Oil, Gas and Salt Resources Act Annual Report for Monthly **Injection**for the year 1999

Form 6

To the Minister of Natural Resources

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

This form only applies to fluid injection for secondary recovery.

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

Well Nar	ne:	Imperial (	Oil 180 -	Becher 34 - John	nston 3	Source Pool:	Syde	enham River & Production
Townshi	p:		;	Sombra		Source Formation:		Salina - A 1 Unit
Tract:	6	Lot:	9	Concession:	6	Fluid Type:	ı	Fresh & Salt Water
Well Lice	ence #	#:		8606		Injection Formation:		A 1 Salina - Silurian
Well Sta	tus - I	Mode*:		Suspended		Injection Pool:	Bed	cher Pilot Waterflood Pool
Injection	Perm	nit #:						

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

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

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

Name:	per. Jane Løwrie	Date:	11.Feb.00
Signature:	( Kourse	Position Held:	President





### Annual Report for Monthly Injection for the year 1999

Form 6

#### To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit C - 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					ffith 1	Source Pool:	Sydenham River & Production
Townshi	p:			Sombra		Source Formation:	Salina - A 1 Unit
Tract:	8	Lot:	8	Concession:	6	Fluid Type:	Fresh & Salt Water
Well Lice	ence #	<b>#</b> :		8600		Injection Formation:	A 1 Salina - Silurian
Well Sta	tus - N	Mode*:		Suspended		Injection Pool:	West Becher Unit
Injection	Perm	it #:	Order i	n Council - 17.Ap	r.63		

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

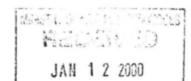
Description of fluid treatment prior to injection: chorine, biocidem corrosion inhibitor, coagulant, filtered

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

Name:	per: Jane Lowrie	Date:	11.Feb.00
Signature:	( Kourse)	Position Held:	President





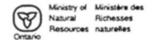


### Annual Report of Monthly Injection for the year 1999

PETROLEUM RESOUPCES

Form 6	To: the Minister of Nat		(510			
Operator		ions LtdTe	1. # 87	5.4896 Fa	ıx#	
Address	R.R.#.5.Langton .n	oeigo				
This form	n only applies to fluid injection	for secondary r	ecovery.			
	ion wells must be reported and	all injection mus	MARKS OF STREET	THE RESERVE AND PERSONS NAMED IN	insuf	ficient attach additional forms
Well Nan			Source			
Township:				e Formation:		
Tract	Lot Concession		Fluid '			
Well Lice				on Formation:		
	us - Mode*:		Injecti	on Pool:		
Injection						
* As of D	ec. 31 - Active, suspended, aba	ndoned, testing,	potential			
D						
Description	on of fluid treatment prior to inj	ection: N	I.L.			
Month	Volume Injected (m <sup>3</sup> )	Average Daily		Days on	Tr	njection Rate
Month	voidine injected (iii )	Injection Press		Injection		m³/day)
		(kPag at wellh		Injection .	1)	iii /day/
Jan	NIL					
Feb						
Mar						
April					$\top$	
May						
June					+	
July					+	
Aug		-			+	
Sep		<del> </del>			+	
Oct	<del> </del>	<del>                                     </del>			+	
Nov		<del> </del>			+	
Dec					+	
Total		<del>                                     </del>			+	
Total					_	
	igned certifies that the above infor	mation is complete		ate and he/she has	auth	ority to bind the operator.
Name: G	eorge Jonckheere	/	Date:	Jan.8.200	0	
Signature				0.200		
	leage fonctife	ar				
	1//					
	/					

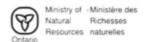




# Annual Report of Monthly Injection for the year 1999

Form 6	To: the Minister of Nata	ıral Resources				
Operator:	Paragon Petroleur	m Corp Tel	.#213	7524 Pax #	# (4	03) 269-9104
Address -	# 3500, 700 - 2nd	Street		. ,		
			2W2			
This form	only applies to fluid injection ;	for secondary red	covery.			
THE RESERVE OF THE PERSON NAMED IN	ion wells must be reported and a	ll injection must		NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS OF THE PARTY O	uffici	ent attach additional forms.
Well Nam		Source				
Township			Formation:			
Tract	Lot Concession		Fluid 7			
Well Lice				on Formation:		
	us - Mode*:		Injection	on Pool:		
Injection	NAME AND ADDRESS OF THE OWNER, THE PARTY OF THE OWNER, THE OWNER, THE OWNER, THE OWNER, THE OWNER, THE OWNER,					
* As of D	ec. 31 - Active, suspended, abar	ndoned, testing, p	otential			
D					-	
Description	on of fluid treatment prior to inju	ection:				
					-	
Month	Volume Injected (m³)	Average Daily		Days on	Ini	ection Rate
1.101141	Totalic Education (in )	Injection Press		Injection		3/day)
		(kPag at wellh	ead)			
Jan						
Feb						
Mar						1 11
April						
May						1 4. 11.
June	Form	not app	2)1/2	ble to		100
July	10.1.1	Para			14	Person C 2000
Aug		1 414	9011	<u> </u>		TOTAL WOOD
Sep		1				William I
Oct						9000
Nov					+	
Dec					+	
Total		1			+	
						,
The under	signed certifies that the above infor	mation is complete	and accur	ate and he/she has a	uthor	ity to bind the operator.
Name:	ELISA CHIEUNG		Date:	03/15/		
Signature	5/2		Positio	on Held:	1	,
				1.4	-	
	J					





## Annual Report of Monthly **Injection** for the year 1999

Operator: Range Petroleu Address #900, 736-6 <sup>th</sup> A T2P 3T7  This form only applies to All injection wells must b Well Name: N/A Township: Tract Lot Well Licence #: Well Status - Mode*: Injection Permit #:	fluid injection for	or secondar	y reco	very.	THE RESERVE AND ADDRESS OF THE PARTY OF THE		x # (403) 266-1927
T2P 3T7  This form only applies to All injection wells must b Well Name: N/A  Township:  Tract Lot  Well Licence #:  Well Status - Mode*:	fluid injection for the reported and al	or secondar		reporte	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ıffici	ent attach additional forms
This form only applies to All injection wells must b Well Name: N/A Township: Tract Lot Well Licence #: Well Status - Mode*:	e reported and al			reporte	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ıffici	ent attach additional forms
All injection wells must b Well Name: N/A Township: Tract Lot Well Licence #: Well Status - Mode*:	e reported and al			reporte	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ıffici	ent attach additional forms
Well Name: N/A Township: Tract Lot Well Licence #: Well Status - Mode*:		ll injection n	nust be		THE RESERVE AND ADDRESS OF THE PARTY OF THE	ıffici	ent attach additional forms
Township: Tract Lot Well Licence #: Well Status - Mode*:	Concession			Source			ent attach additional forms.
Tract Lot Well Licence #: Well Status - Mode*:	Concession				Pool: Formation:		
Well Licence #: Well Status - Mode*:	Concession						
Well Status - Mode*:							
					on Formation:		
Injection Permit #:				Injectio	on Pool:		
,							
* As of Dec. 31 - Active,	suspended, aban	doned, testir	ng, pot	ential			
Description of fluid treatr	nent prior to inje	ction:					
						-	
					P		The second secon
Month Volume Injec	ted (m°)	Average D Injection P		.	Days on Injection		ection Rate ³/day)
			at wellhead)		Injection	(11	(day)
Jan		(		/			
Feb							
Mar						$\vdash$	
April				·			
May			_		-		
June			/				
July		/	.,	FEB 1	7.1		
Aug		-			4 2000 /		
Sep		L.P.	OTO.		4000		
			NOT	Una no	OUNCES /		
Oct				ALES	OURCE /		
Nov					1088		
Dec							
Total							

Position Held: Vice-President, Production

Signature:



#### TO: the Minister of Natural Resources

FORM 9

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

Well Name:

Rodney Unit #3 Water Injection

Township: Tract

Aldborough

Lot

Concession

Well Licence #: Well Status - Mode \*: Active

TA1006-01011-021P

Injection Permit:

Source Pool:

Source Formation:

Fluid Type:

Injection Formation:

Injection Pool:

Aquifer

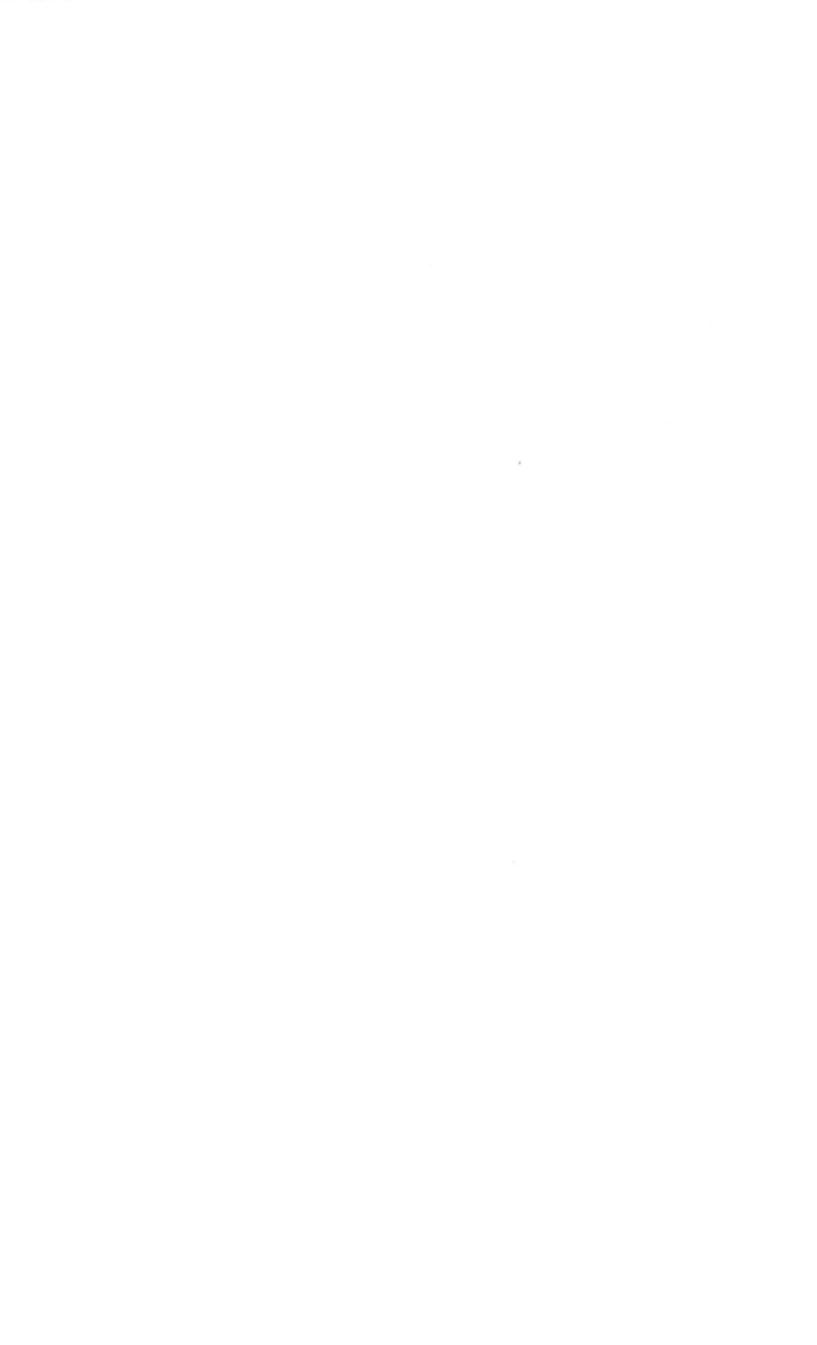
Fresh Water Columbus

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	7129.0	2950	31	
Feb	6136.0	2950	28	
Mar	4610.0	2950	31	
Apr	6124.0	2950	30	
May	4951.0	2950	31	
Jun	4676.0	2950	30	
Jul	5970.0	2950	31	
Aug	4788.0	2950	31	
Sep	3817.0	2950	30	
Oct	3077.0	2950	31	
Nov	3077.0	2950	30	
Dec	4386.0	2950	31	
Total	58741.0		365	

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

Name:	<b>\</b>	Date:	00-0	2-02
Signature:	MANOE			



#### TO: the Minister of Natural Resources

FORM 9

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

Well Name:

Rodney Unit #2 Water Injection

Township: Tract

Aldborough

Well Licence #:

TA1006-01011-011P

Well Status - Mode \*: Active

Injection Permit:

Source Pool:

Source Formation:

Fluid Type:

Injection Formation:

Injection Pool:

Aquifer

Fresh Water Columbus

Description of fluid treatment prior to injection:

Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	6549	2950	31	
Feb	6685	2950	28	
Mar	7022	2950	31	
Apr	7287	2950	30	
May	7361	2950	31	
Jun	7962	2950	30	
Jul	7787	2950	31	
Aug	8291	2950	31	
Sep	7862	2950	30	
Oct	6576	2950	31	
Nov	6576	2950	30	
Dec	7367	2950	31	
Total	87325		365	

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

Name:		Date:	00-02	- 02
Signature:	Moon			

#### TO: the Minister of Natural Resources

FORM 9

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

Description of fluid treatment prior to injection:
Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	19196.0	3400	31	
Feb	17388.0	3400	28	
Mar	19579.0	3400	31	
Apr	20218.0	3400	30	
May	23052.0	3400	31	
Jun	25944.0	3400	30	
Jul	28273.0	3400	31	
Aug	17523.0	3400	31	
Sep	17871.0	3400	30	
Oct	20216.0	3400	31	
Nov	18276.0	3400	30	
Dec	15309.0	3400	31	
Total	242845		365	

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

Name:	<b>~</b>	Date:	00-	07	-02	
Signature:	(XXXXX					

#### TO: the Minister of Natural Resources

FORM 9

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

Well Name:

Well Licence #:

Rodney Unit #3 Water Injection

Aldborough

Township: Tract

Lot

Concession

TA1006-01011-021P

Well Status - Mode \*: Active Injection Permit:

Source Pool:

Source Formation:

Fluid Type:

Injection Formation:

Injection Pool:

Aquifer

Fresh Water

Columbus

Description of fluid treatment prior to injection:

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	7129.0	2950	31	
Feb	6136.0	2950	28	
Mar	4610.0	2950	31	
Apr	6124.0	2950	30	
May	4951.0	2950	31	
Jun	4676.0	2950	30	
Jul	5970.0	2950	31	
Aug	4788.0	2950	31	
Sep	3817.0	2950	30	
Oct	3077.0	2950	31	2.0
Nov	3077.0	2950	30	
Dec	4386.0	2950	31	
Total	58741.0		365	

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

Name:	Date:	00-0	2-02
Signature:			

#### TO: the Minister of Natural Resources

FORM 9

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

Well Name:

Rodney Unit #2 Water Injection

Township:

Aldborough

Tract

Lot

Well Licence #:

TA1006-01011-011P

Well Status - Mode \*: Active

Injection Permit:

Source Pool:

Source Formation:

Fluid Type:

Fresh Water Columbus

Aquifer

Injection Formation:

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	6549	2950	31	
Feb	6685	2950	28	
Mar	7022	2950	31	
Apr	7287	2950	30	
May	7361	2950	31	
Jun	7962	2950	30	
Jul	7787	2950	31	
Aug	8291	2950	31	
Sep	7862	2950	30	
Oct	6576	2950	31	
Nov	6576	2950	30	
Dec	7367	2950	31	
Total	87325		365	

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

Name:	Date: 00-07-07
Signature:	

TO: the Minister of Natural Resources

FORM 9

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

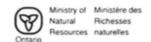
Well Name: Rodney Unit #1 Water Injection Source Pool: Aquifer Township: Aldborough Source Formation: Tract Concession Fluid Type: Fresh Water Well Licence #: Injection Formation: Well Status - Mode \*: Active Injection Pool: Injection Permit:

Description of fluid treatment prior to injection:
Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	19196.0	3400	31	
Feb	17388.0	3400	28	
Mar	19579.0	3400	31	
Apr	20218.0	3400	30	
May	23052.0	3400	31	
Jun	25944.0	3400	30	
Jul	28273.0	3400	31	
Aug	17523.0	3400	31	
Sep	17871.0	3400	30	
Oct	20216.0	3400	31	
Nov	18276.0	3400	30	
Dec	15309.0	3400	31	
Total	242845		365	

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

Name:	M	Date:	00-	02	-02	
Signature:	10000					



#### Oil, Gas and Salt Resources Act FEB 1 0 2009 Annual Report of Monthly **Injection** for the year 1999 PETROLEUM RESOURCES

MINISTRY OF NATIVAL HIS CURCES

Form 6 To: the Minister of Natural Resour	ces	
Operator: Talisman Energy	Tel. # (403) 237-4981	Fax # (403) 231-2816
Address 2400 888 3rd St. S.W. Calgary, Alberta		
T2P 5C5		
This form only applies to fluid injection for seconde	ary recovery.	
All injection wells must be reported and all injection	must be reported. If space is insuff	icient attach additional forms.

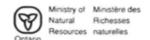
Well Name: Mersea 6-23-VII	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 6 Lot 23 Concession VII	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

<sup>\*</sup> As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	6839.0	2200	744	220.6
Feb	5611.0	2200	614	219.3
Mar	6381.0	2200	744	205.8
April	6466.0	2200	720	215.5
May	5283.0	2200	667	190.1
June	5488.5	2118	710	185.5
July	6332.0	2200	687	221.2
Aug	5996.9	2200	720	199.9
Sep	6107.0	2200	682	214.9
Oct	6360.0	2200	679	224.8
Nov	6080.6	2200	720	202.7
Dec	6783.0	2377	725	224.5
Total	73,728.0	26495	8412	2524.8

Name: Heather Harker	Date: February 9, 2000
Signature: Scather Holker	Position Held: Canadian Operation Accountant



### Annual Report of Monthly **Injection** for the year 1999

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4981	Fax # (403) 231-2816
Address 2400 888 3rd St. S.W. Calgary, Alberta		
T2P 5C5		

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 40048 IP	

<sup>\*</sup> 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	3128.0	4968	707	106.2
Feb	1779.0	2804	618	69.1
Mar	1639.0	2084	735	\$3.5
April	1463.0	1893	676	\$1.9
May	1546.0	2200	744	49.9
June	1359.0	2200	720	45.3
July	1688.0	2642	744	\$4.5
Aug	1704.0	3239	744	\$5.0
Sep	1762.0	3487	720	\$8.7
Oct	1412.0	3482	744	45.6
Nov	1236.0	3430	720	41.2
Dec	1345.0	3430	744	43.4
Total	20,061.0	35,859	8616	674.3

Name: Heather Harker	Date: February 9, 2000
Signature: Leather Hosker	Position Held: Canadian Operation Accountant



Injection Permit #:

Oil, Gas and Salt Resources Act

### Annual Report of Monthly **Injection** for the year 1999



Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4981	Fax # (403) 231-2816
Address 2400 888 3rd St. S.W. Calgary, Alberta		
T2P 5C5		

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:

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

	Description of fluid treatment prior to injection:	
Г	,	

Month	Volume Injected (m <sup>3</sup> )	Average Daily	Hours on	Injection Rate
		Injection Pressure	Injection	(m³/day)
Jan	2020.0	(kPag at wellhead)	560	129.2
	3039.0	4832	569	128.2
Feb	353.0	4800	76	111.5
Mar	0	0	0	0
April	131.0	4800	24	131.0
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	3,523.0	14,432	669	370.7

Name: Heather Harker	Date: February 9, 2000
Signature: Genther Horker	Position Held: Canadian Operation Accountant

