

# Annual Report of Monthly **Injection** for the year \_\_\_\_\_2000 amended

Form 6 To: the Minister of Natural R	esources	2008-01-01
Operator: Lonnie Barnes	Tel. #519-834-2339	Fax #519-834-2155
Address 2581 Duryee St. Box 242		
Oil Springs, ON N0N 1P0		
This form only and the field belowfor for a		THE RESERVE THE PROPERTY OF TH

This form only applies to fluid injection for secondary recovery.

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

Well Name: Barnes FW #1-19	Source Pool:		
Township: Enniskillen	Source Formation:248'		
Tract Lot 18 Concession 1 & 2	Injection Fluid Type: fresh water		
Well Licence #: see attached list	Injection Formation: Dundee		
Well Status - Mode*: ACT	Injection Pool:		
Injection Permit #: NA			

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

Description of fluid treatment prior to injection:	
Settling in pond	

Month	Volume Injected (m³)	Average Daily Injection Pressure	Days on Injection
Jan	246.45	(kPag at wellhead) 2756.92 (400 PSI)	31
Feb	230.55	2730.92 (400 131)	29
Mar	246.45		31
April	238.50		30
May	246.45		31
June	238.50		30
July	246.45		31
Aug	246.45		31
Sep	238.50		30
Oct	246.45		31
Nov	238.50		30
Dec	246.45		31
Total	2909.70		366

Name: Donna Barnes	Date: April 2, 2009	
Signature: Donna Burnes		



# Oil, Gas and Salt Resources Act Annual Report for Monthly Injection for the year 2000

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:	Bluewater Dunwich 1-23-I	Source Pool:	Thames River
Township: Dunwich		Source Formation:	Not applicable
Tract: 1 Lo	act: 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: Jane Lowrie	Date:	13.Feb.01
Signature:	per: Jane Lowrie	Position Held:	President





# Oil, Gas and Salt Resources Act Annual Report for Monthly Injection for the year 2000

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)				Bluewater (894)		Source Pool:	Thames River	
Township: Dunwich		Source Formation:	Not applicable					
Tract:	5	Lot:	22	Concession:	2	Fluid Type:	Fresh Water	
Well Lice	ence #	t:		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	0

Name:	per: Jane Lowrie	Date:	13.Feb.01
Signature:	(Kourse)	Position Held:	President





# Annual Report for Monthly Injection for the year 2000

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 Nan	Il Name: Imperial Bluewater (908)		Source Pool:	Thames River			
Township	p:		С	Dunwich		Source Formation:	Not applicable
Tract:	1	Lot:	23	Concession:	2	Fluid Type:	Fresh Water
Well Lice	ence #	<b>#</b> :		1791		Injection Formation:	Cambrian
Well Stat	tus - N	Mode*:	Aba	andoned - 17.Apr	.00	Injection Pool:	Willey
Injection	Perm	nit #:	Ener	gy Board Order 4	11		

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

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

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

Name:	per: Jane Lowrie	Date:	13.Feb.01
Signature:	Kourie	Position Held:	President





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

## for the year 2000

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.

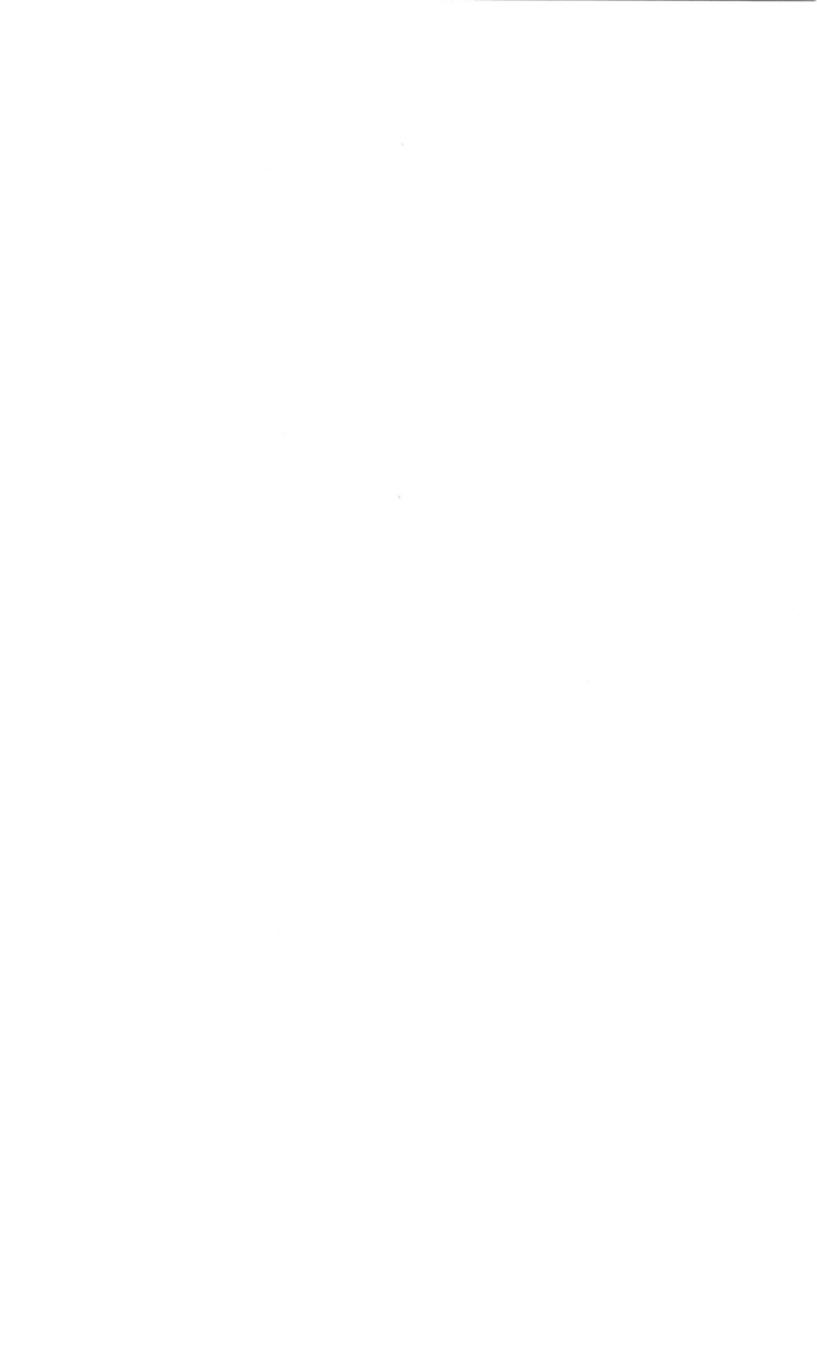
Well Name: Atlas # 1		Source Pool:	Thames River
Township: Dunwich		Source Formation:	Not applicable
Tract: 1 Lot:	23 Concession: 4	Fluid Type:	Fresh Water
Well Licence #:	2509	Injection Formation:	Cambrian
Well Status - Mode*: Suspended		Injection Pool:	Willey
Injection Permit #: Energy Board Order 41			

\* 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
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:	13.Feb.01
Signature: /	Mourie	Position Held:	President





## Annual Report for Monthly **Injection** for the year 2000

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: Dolphin I.U.P. No. 2				n I.U.P. No. 2		Source Pool:	Thames River	
Township:		Dunwich		Source Formation:	Not applicable			
Tract:	Tract: 5 Lot: 22 Concession: 1 F		Fluid Type: Fresh Water					
Well Lice	ence #	<i>‡</i> :		2967		Injection Formation:	Cambrian	
Well Status - Mode*:			Suspended		Injection Pool:	Willey		
Injection Permit #: Energy B		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:	Dane Lowrie	Date:	13.Feb.01
Signature:		Kourie	Position Held:	President
	1 - 1			





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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				- Becher 33 - Gri	Source Pool:	Sydenham River & Production	
Township:		Sombra		Source Formation:	Salina - A 1 Unit		
Tract:	8	Lot:	8	Concession:	6	Fluid Type:	Fresh & Salt Water
Well Lice	ence #	<i>t</i> :		8600		Injection Formation:	A 1 Salina - Silurian
Well Status - Mode*:		Suspended		Injection Pool:	West Becher Unit		
Injection Permit #: O		Order i	n Council - 17.Ap	r.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 (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. Jame Lowrie	Date:	13.Feb.01
Signature:	( Kourie	Position Held:	President





# Annual Report for Monthly **Injection** for the year 2000

### 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 180 - Becher 34 - Johnston 3					Source Pool:	Syc	enham River & Production	
Township: Sombra			Source Formation:		Salina - A 1 Unit			
Tract:	6	Lot:	9	Concession:	6	Fluid Type:		Fresh & Salt Water
Well Lice	ence	#:		8606		Injection Formation:		A 1 Salina - Silurian
Well Status - Mode*: Abandoned - 13.Oct.00		Injection Pool:	Ве	cher Pilot Waterflood Pool				
Injection	Pern	nit #:						

\* 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 (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:	13.Feb.01
Signature:	Kourie	Position Held:	President





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

## for the year 2000

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 220 -	Becher 53 - John	Source Pool: S	ydenham River & Production	
Township: Sombra			Source Formation:	Salina - A 1 Unit		
Tract: 2	Lot:	9	Concession:	5	Fluid Type:	Fresh & 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: chlorine, 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:	13.Feb.01
Signature:	- Kource	Position Held:	President



# Annual Report for Monthly **Injection** for the year 2000

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					Source Pool:	Syd	enham River & Production	
Township: 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 Status - Mode*: Suspended		Injection Pool:		West Becher Unit				
Injection Permit #: Order in Council - 17.Apr.63								

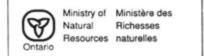
\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection: chlorine, 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:	LA F	per. Jane Lowrie	Date:	13.Feb.01
/ /	11 1	ourse	Position Held:	President





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

## for the year 2000

Form 6

To the Minister of Natural Resources

Operator:	or: 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: Imperial Oil 251 - Becher 64 - Fruytier 1				Source Pool:	Syc	enham River & Production		
Township: Sombra				Source Formation:		Salina - A 1 Unit		
Tract:	8	Lot:	4	Concession:	5	Fluid Type:		Fresh & Salt Water
Well Lice	ence i	#:		8589		Injection Formation:		A 1 Salina - Silurian
Well Status - Mode*: Abandoned - 11.Nov.00		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 (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:	Į.	re Lowrie	Date:	13.Feb.01
Signature:	$\subset$		Nourie	Position Held:	President





# Oil, Gas and Salt Resources Act Annual Report for Monthly Injection for the year 2000

Form 6

To the Minister of Natural Resources

		T "	(510) 057 0454	- "	(510) 057 1000
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 Nan	ne:	Imperial	Becher 7	6 I.W.(853)H. Jo	hnston 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 Lice	nce	#:		1637		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: chlorine, 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.	Hare Lowrie	Date:	13.Feb.01
Signature:	(Kowne)	Position Held:	President





# Annual Report for Monthly **Injection** for the year 2000

### 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				ial Becher 77	Source Pool:	Sydenham River & Production
Township: Sombra			Source Formation:	Salina - A 1 Unit		
Tract:	6	Lot:	9	9 Concession: 5 Fluid Type: Fresh & Salt Wa		Fresh & Salt Water
Well Licence #: 94		945		Injection Formation:	A 1 Salina - Silurian	
Well Status - Mode*:		Suspended		Injection Pool:	West Becher Unit	
Injection Permit #: Order in Coun		n Council - 17.Ap	r.63			

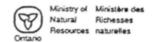
\* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

Month	Volume Injected (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

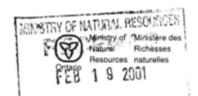
Name: p	per: Jane Lowele	Date:	13.Feb.01
Signature:	( Kourie)	Position Held:	President





# Annual Report of Monthly Injection for the year 2000

Form 6	To: the Minister of Natu	ral Resources					
Operator:	Northrock Reso	ucesi	Tel. # 2/3-	7551	Pax#	(403) 269-91	04
Address 4	\$ 3500, 700 - 2nd .	Street					
at of the authorized	Sw Calgary,		2W2				
This form	only applies to fluid injection J	for secondary	recovery.				
	on wells must be reported and a	ll injection m	Control of the Contro	THE RESERVE AND ADDRESS.	e is insuff	ficient attach addition	nal forms.
Well Nam			Source				
Township Tract				Formatio	n:	-	
Well Lice			Fluid T				
	nce #: ns - Mode*:			on Format on Pool:	ion:		
Injection 1			injectio	on Pool:			
		1				-	Name and Address of the Owner, where the Owner, which is the Own
AS OI D	ec. 31 - Active, suspended, aban	doned, testing	g, potential				
Description	on of fluid treatment prior to inje	ection:				-	
Month	Volume Injected (m³)	Average Da Injection Pr		Days on Injection		Injection Rate (m³/day)	1
		(kPag at we		пјесног	١	(III /day)	
Jan							
Feb							
Mar							
April							
May							
June	Form 1	not a	00/1/0	hle	10.		
July		Par	7400				
Aug			9				
Sep							
Oct							
Nov							
Dec							
Total		1					
							THE RESERVE OF THE PARTY OF THE
	signed certifies that the above infor	mation is comp		ate and he/	she has auth	hority to bind the ope	rator.
Name:	Dawn Grent	a	Date:	- 4	eb	14/01	
Signature			Positio	on Lield.	Prendi	ortion Acc	rentant
	- VXIIII (CINA				- ICI IC	111111111111111111111111111111111111111	The same of



PETROLEUM REDW.

Oil, Gas and Salt Resources Act

## Annual Report of Monthly Injection for the year \_\_\_\_\_2000

Form 6	To:	the	Minister	of	Natural	Resources
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	2 0 1 1110 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
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 Goelph
Tract Lot 41 Concession NB	Fluid Type: Salt Water
Well Licence #: 1063	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

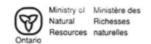
<sup>\*</sup> As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection: N/A	

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	1611.38	(Krag at Weiliteau)	31	51.98
Feb	- 878.06	0	29	30.28
Mar	2189.94	0	31	70.64
April	2425.33	0	30	80.84
May	2077.37	0	31	67.01
June	1436.77	0	30	47.89
July	1556.72	0	31	50.22
Aug	1507.79	0	31	48.64
Sep	1121.12	0	30	54.07
Oct	1723.49	0	31	55.60
Nov	1819.50	0	30	60.65
Dec	1891.00	0	31	61.00
Total	20238.47		366	56.66

Name: Madeline Brett	Date: February 13, 2001
Signature: Phadelene h frot	Position: President





Total

Oil, Gas and Salt Resources Act

# Annual Report of Monthly **Injection** for the year \_\_\_\_2000\_

RECEIVED	
FEB 1 9 2001	
PETROLID LECCOLSCES	

_	Form 6	To: the Minister of Natural Resources					
	Operator:	Cameron Petroleum Inc.	Tel.#	657-9304	Fax #	657-3633	
	Address	P.O. Box 20109, 431 Boler Road					
l		London, Ontario N6K 4G6					

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: 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 Status - Mode\*: Suspended Injection Pool:

Injection Permit #:

Well Status - Mode*: Suspended			Injection	Injection Pool:				
Injection Permit #:								
* As of De	* As of Dec. 31 - Active, suspended, abandoned, testing, potential							
Descriptio	n of fluid treatme	ent prior to inje	ction:					
							-	
Month	fonth Volume Injected (m³)  Average Daily Injection Pressu (kPag at wellhea		ssure			Injection Rate (m³/day)		
Jan	NI	Ļ	NII	_	NIL		1	VIL.
Feb	-							
Mar								
April								
May								
June								
July								
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: Madeline Brett	Date: February 13, 2001				
Signature: Arkelineh Bull	Position: President				





Aug Sep Oct Nov Dec Total Oil, Gas and Salt Resources Act

# Annual Report of Monthly **Injection** for the year \_\_\_\_2000\_

	COVED
	FEB A 0 2001
person more	PETROLEUM RESOURCES

Form 6 To:	the Minister of	Natural Resources
------------	-----------------	-------------------

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.

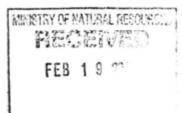
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms

reported. If space is insufficient attach additional forms.					
Source Pool: Gobles					
Source Formation:					
Fluid Type:					
Injection Formation:					
Injection Pool:					
Injection Permit #:					

-								
* As of De	* As of Dec. 31 - Active, suspended, abandoned, testing, potential							
Descriptio	Description of fluid treatment prior to injection:							
						Name and Address of the Owner, where		
					,			
Month	Volume Injected (m <sup>3</sup> )		Average Daily				Injection Rate	
			Injection Pressure (kPag at wellhead)		Injection (		(m³/day)	
			(KPag at we	linead)				
Jan	NI	Ļ	NI	L	N	IL	1	VIL.
Feb	-							
Mar								
April								
May								
June								
July								

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 13, 2001					
Signature: Mediline W. Grets	Position: President					





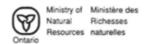
## An

Oil, Gas and Salt Resources Act	FEB 1 9 27
nnual Report of Monthly <b>Injection</b> for the year2000	PETERSON
CNI-tI P	

Form 6	To: the N	Ainister of Natu	ral Resource	es					
Operator:	Cameron Petro	oleum Inc.	Tel. # 657-9304 Fax #			# 657-3633			
Address	P.O. Box 201	09, 431 Boler P	Road						
	London, Onta	rio N6K 4G6							
	only applies to f on wells must be					d. If spa	ce is insuf	fiçient attach add	litional forms.
Well Nam	e: Robert McMa	ster & Sons - C	obles 7		Source		Gobles		
Township:	Burford			Source Formation:			on:		
Tract 3		Concession	1		Fluid Type:				
Well Licer	nce #: 1025			_		on Forma	tion:	Ta.	
	ıs - Mode*:	Suspended			Injection	on Pool:			
Injection P	Permit #:								
* As of De	ec. 31 - Active, st	uspended, aban	doned, testin	ng, pote	ential				
Descriptio	n of fluid treatme	ent prior to inje	ction:						
		1 ( 3)	T. D	,		D			
Month	Volume Injecte	ed (m°)	Average D Injection F			Injection Rate (m³/day)			
			(kPag at w			nijecio	"	(iii /day)	
Jan	NI	Ļ		ΝĮL		NIL		N	<b>止</b>
Feb									
Mar									
April									
May									
June									
July									
Aug									
Sep									
Oct									
Nov									
Dec									
Total		_		1				1	

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 13, 2001				
Signature: Madeline Infriett	Position: President				





# MINISTRY OF NATURAL RESOURCES RECEIVED FEB 1 9 2001

# Annual Report of Monthly **Injection** for the year \_\_\_\_2000\_

PETROLEUM RESOURCE

Form 6	To: the N	Inister of Natu	ral Resourc	es						
Operator:	Cameron Petro	oleum Inc.		Tel. #	657-9	304	Fax	657-36	533	
Address	P.O. Box 201	09, 431 Boler R	Road							
	London, Onta	rio N6K 4G6								
	only applies to f					d. If spa	ce is insuff	icient atta	ch additional forms.	
THE PERSON NAMED IN COLUMN 2 I	e: McMaster #22	STATE OF THE PERSON NAMED IN		I	Source	AND RESIDENCE AND ADDRESS OF THE PARTY NAMED IN	Gobl	THE RESERVE AND ADDRESS OF THE PARTY.	The state of the s	
Township					Source	Formatio	n:			
Tract	Lot 20	Concession	1		Fluid T	ype:			,	
Well Lice	nce #: 1278		,		Injection	on Forma	tion:		5	
Well Statu	ıs - Mode*: A	bandoned			Injection	on Pool:				
Injection I	Permit #:									
* As of Do	ec. 31 - Active, su	ispended, aband	doned, testi	ng, pote	ential					
Description	on of fluid treatme	ent prior to inje	ction:					_		
Description	ar or right to the time.	on prior to higo							,	
Month	Volume Injecte	ed (m³)	Average I						jection Rate	
			Injection I (kPag at v					m³/day)		
Jan	NI	I.		ŅIL	u)	NJL		NIL		
Feb		<u> </u>		-				+		
Mar				-				+		
April				_				+		
May				_				+		
June				_				+		
July								_	`	
Aug								+		
Sep				_				+		
Oct								+		
Nov								+		
Dec				_				+		
Total	<u> </u>	,	,	<u> </u>		-	,	+		
- Ottal				¥					¥	

The undersigned certifies that the above information is complete a	and accurate and he/she has authority to bind the operator.
Name: Madeline Brett	Date: February 13, 2001
Signature: Prince Par Brett	Position: President





### Annual Report of Monthly Injection for the year \_\_\_\_\_2000



Form 6	To: the Minister of Natural Resource	es		
Operator:	Cameron Petroleum Inc.	Tel. # 657-93	04 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: McMaster #31 Gobles 20	Source Pool: Gobles	
Township: Burford	Source Formation:	
Tract 7 Lot 16 Concession	Fluid Type:	
Well Licence #: 1287	Injection Formation:	5
Well Status - Mode*: Suspended	Injection Pool:	
Injection Permit #:		
* As of Dec. 31 - Active, suspended, abandoned, tes	sting, potential	

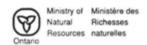
Description of fluid treatment prior to injection:

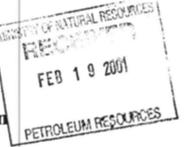
Dec Total

Month	Volume Injected	(m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)		Days on Injection		Injection Rate (m³/day)	
Jan	NIL		N	ĮL.	N	IL.	1	VIL.
Feb	-							
Mar								
April								
May								
June								
July								
Aug								
Sep								
Oct								
Nov								

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. February 13, 2001 Name: Madeline Brett Date: Mexiline mefret Position: President Signature:







### Annual Report of Monthly Injection

for the year \_\_\_\_\_2000

Form 6	To: the Minister of Natural Resources	
A SECURITION OF THE PARTY OF TH		2

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: Kewanee Gobles 24	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 18 Concession 1	Fluid Type:
Well Licence #: 1492	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:	

Month	Volume Injecte	ed (m³)	Average I Injection I (kPag at w	Pressure	Days or Injectio		Injection Rate (m³/day)	
Jan	NI	L		VIL	N	IL.		ŅIL
Feb	-							
Mar								
April								
May								
June								
July								
Aug								
Sep								
Oct								
Nov								
Dec								
Total	,	7	,	7	,	7		<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 13, 2001
Signature: Wahelene Moret	Position: President





### Annual Report of Monthly Injection for the year 2000

135	RE	CE	24	PECO	.RCES	-
-				zci		Statement St.
	PETRO	<u>100</u>	3	650UF	OBS.	ACCES ON

Form 6	To: the Minister of Natural Resource	es				
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.

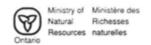
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms. Well Name: Kewanee Gobles 41 Source Pool: Gobles Pool Source Formation: Township: Blenheim Tract 16 Concession Fluid Type: Well Licence #: 1909 Injection Formation: Well Status - Mode\*: Injection Pool: Suspended Injection Permit #: \* As of Dec. 31 - Active, suspended, abandoned, testing, potential

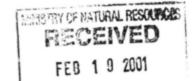
Descripti	ion of fluid treatment prior to	injection:		
	·			
Month	Volume Injected (m <sup>3</sup> )	Average Daily	Days on	Injection Rate
		Injection Pressure	Injection	(m³/day)

Month	Volume Injecte	d (m³)	Injection Pr	verage Daily njection Pressure (Pag at wellhead)  Days on Injection			Injection Rate (m³/day)		
Jan	NI	L	N	ĮL	NIL		ŅIL		
Feb									
Mar									
April									
May			T .						
June									
July									
Aug									
Sep									
Oct									
Nov									
Dec									
Total		,		<b>•</b>	,	,		*	

The undersigned certifies that the above information is complete ar	id accurate and ne/sne has authority to bind the operator.
Name: Madeline Brett	Date: February 13, 2001
Signature: Madeline Infrett	Position: President







PETROLEUM RECELES

# Annual Report of Monthly **Injection** for the year \_\_\_\_2000\_

Form 6	To: the N	Ainister of Natu	ıral Resources				x. 1
Operator:	Cameron Petro			1. # 657-9304	Fax #	657-3633	
Address	P.O. Box 201	09, 431 Boler I	Road				
	London, Onta	rio N6K 4G6					
	only applies to j						
THE RESIDENCE OF THE PARTY OF T			ll injection must	be reported. If sp		cient attach add	litional forms.
Well Nam		obles 42		Source Pool:	Gobles	-	
Township				Source Forma	tion:	-	
Tract	Lot 18	Concession	2	Fluid Type:			
Well Lice				Injection Form		5-	
	ıs - Mode*:	Suspended		Injection Pool	:		
Injection l							
* As of D	ec. 31 - Active, st	uspended, aban	doned, testing, p	otential			
Description	on of fluid treatme	ent prior to inje	ection:				
						+	
Month	Volume Injecte	ad (m <sup>3</sup> )	Average Daily	Days	on T	Injection Rate	-
William	voidine injects	cu (m )	Injection Press			(m³/day)	
			(kPag at wellh			.,	
Jan	NI	<b>正</b>	NIL		NIL	Ņ	IL
Feb	-						
Mar							
April					1 1		
April							
May							
May							
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							

The undersign	gned certifies that the above information is complete ar	nd accurate	and he/she has autho	rity to bind the operator.
Name:	Madeline Brett	Date:	February 13, 200	
Signature:	Red line Miset	Position:	President	





### 2535TY OF REC FEB 1 9 2001 ES PETROLEU

## Annual Report of Monthly Injection

	Amidal Report of Monthly Hije	CHOIL
	for the year2000_	
Form 6	To: the Minister of Natural Resources	

Operator:	Cameron Petroleum Inc.		Tel.	# 657-9	304	Fax	657-3633	
Address	P.O. Box 20109, 431 Boler I	Road						
	London, Ontario N6K 4G6							
	only applies to fluid injection jon wells must be reported and a				d. If spa	ce is insuff	içient attach a	dditional forms.
Well Name	e: Imperial Kewanee Gobles	45		Source	Pool:	Goble	s	
Township:				Source	Formatio	n:		
Tract 3	Lot 7 Concession	1		Fluid T	ype:			
Well Licen					on Forma	tion:		5.
Well Status				Injection	on Pool:			
Injection P	'ermit #:							
* As of De	c. 31 - Active, suspended, aban	doned, testir	ıg, pot	ential				
Description	n of fluid treatment prior to inje	ction:						
		_						
Month	Volume Injected (m³)		Average Daily Injection Pressure (kPag at wellhead)				Injection Rate	
					Injection	n	(m³/day)	
Jan	NIL		NĮL		NIL		NIL	
Feb			$\top$					
Mar			+					
April			$\top$					
May			$\top$					
June			$\top$					
July			$\top$					
Aug			$\top$					
Sep			$\top$					
Oct								
Nov								
Dec								
Total	*		*		1	,	,	•
The undersi	gned certifies that the above inform	nation is comp	plete ar	nd accura	te and he/s	he has auth	ority to bind the	e operator.
Name:	Madeline Brett			Date:		13, 2001		
Signaturé:	Gradeline mout			Positio	n: Pres	ident		



Ministry of Notural Resources

Petroleum Resources Act FORM 109

### ANNUAL REPORT OF MONTHLY INJECTION

for the year ending December 31, 19\_\_\_

Of crator Name CHAMICS FAINBRIK OIL PROPERTY	Well Permit No.:	Injection Permit No.
A. dress: P.O. BOX 10 PETROLIA 1 CONT		Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe) SECWDMY RECOVERY
WIN I KO	Location: CDN S/(1460) 19 II HAMBYON County   Township   Lot   Conc	Injection Formation  DWDCF

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

(2) All injection must be reported (3) Where space is insufficient, attach addional forms

		INJECTION	NDATA				AVERAGE DAILY	
Me nth	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 <sup>3</sup> m³)	Inj. Pressure (kPa)	inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain
Jan.				-		7		
Fel .			/	. /				-
M: r.		. "	/-		/ 1			1
A :								
м у	<u> </u>				/ .	/		
u e	PHOLICIS WATER	- WARR	TILTRATIN	2,033	270-300 V.S.i.	9.5		ACTIVE
u ·					,			
At p.								
ie t.						×	**	
λ								
to de							. "	
)· :.		7 1					214	
TALS				0. —	1			
1 is_ 7	15714/07		SIGNATURE:	1:50 V				

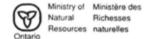




FORM 109 Petroleum Resources Act
ANNUAL REPORT OF MONTHLY INJECTION
for the year ending December 31, 19\_\_\_

Operator Name: PHIL MUN WINGSIAM	Well Permit No.:	Injection Permit No.
Address: BILL SPRINGS	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)  Sc(w) My CE (WM
	Location: WNISICILLAN 19 II LITMITITY County   Township   Lot   Conc	Injection Formation
otes: (1) All injection wells operated must be reported (2) All injection m	ist be reported (3) Where space is insufficient, attach addional forms	

		INJECTION	NDATA				AVERAGE DAILY	
Mosth	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 <sup>3</sup> m <sup>3</sup> )	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
Jan.	Production WAS	n Itzo	FILLTRA MOW	1,444	250 - 300 psi	9.5	152	Active
Feb.			,					
Mar.								
Apr.							,	
May				-				
June							/	
July								
Aug.			. /.				. /	/
Sept.			. /			/ .	//	
Oct.				, /				
Nov.							/-	
Dec.		- /				/		/
TOTALS	,			. 1				



# Annual Report of Monthly **Injection** for the year 2000

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

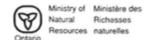
Description of fluid treatment prior to injection:	

	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m <sup>5</sup> /day)
1359.0	3430	744	43.8
1068.0	3430	696	36,8
1267.0	3430	744	40.9
1213.5	3430	720	40.5
466.8	1800	312	35,9
899.3	2029	288	74.9
849.0	2300	306	66,6
4851.5	2168	636	183.1
3999.0	2797	692	138.7
3535.5	2635	733	115.8
2911.0	2414	720	97.0
2627.6	1906	744	81.5
25,047.2	31,769	7335	955.5
	1068.0 1267.0 1213.5 466.8 899.3 849.0 4851.5 3999.0 3535.5 2911.0 2627.6	(kPag at wellhead)       1359.0     3430       1068.0     3430       1267.0     3430       1213.5     3430       466.8     1800       899.3     2029       849.0     2300       4851.5     2168       3999.0     2797       3535.5     2635       2911.0     2414       2627.6     1906	(kPag at wellhead)         1359.0       3430       744         1068.0       3430       696         1267.0       3430       744         1213.5       3430       720         466.8       1800       312         899.3       2029       288         849.0       2300       306         4851.5       2168       636         3999.0       2797       692         3535.5       2635       733         2911.0       2414       720         2627.6       1906       744

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

Name: Heather Harker	Date: February 6, 2001
Signature: Signature: Stock St	Position Held: Canadian Operation Accountant

. \*\* 



### Annual Report of Monthly **Injection** for the year 2000

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 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 (m3)	Average Daily	Hours on	Injection Rate
		Injection Pressure	Injection	(m <sup>B</sup> /day)
		(kPag at wellhead)		
Jan	6690.0	2400	734	218.8
Feb	5624.0	2400	696	193.9
Mar	7459.0	2400	720	248.6
April	6123.5	2400	714	205.8
May	6739.5	2903	740	218.6
June	6219.5	3000	714	209.1
July	6376.8	3187	734	208.5
Aug	5829.9	2939	673	207.9
Sep	6233.7	2560	712	210.1
Oct	6591.0	2816	706	224.1
Nov	6725.0	3000	706	228.6
Dec	6362.0	2924	668	228.6
Total	76,973.9	32,939	8,517	

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

Name: Heather Harker	Date: February 6, 2001
Signature: Lother Houser	Position Held: Canadian Operation Accountant

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MONTHLY INJECTION RECORD FOR BRINE INJECTION WELL @ HOWARD 1-96-STRBF IN THE TOWNSHIP OF HOWARD, COUNTY OF KENT - PERMIT #8230

			a.A ===									
2000		INE VOLUMES			*****	YEAR-To-DATE		AVERAGE	AVERAGE	AVERTOR		
MONTH OF July	SOURCE OF FLUID	SOURCE OF FLUID	SOURCE OF FLUID	SOURCE OF FLUID	TOTAL DAILY VOLUME	CUMMULATIVE	MAINTENANCE &	HOURLY	AVERAGE INJECTION	AVERAGE INJECTION	ANNULUS PRESSURE	Initials
July	MORPETH	PORT ALMA	OFFEOID	OFFECIE	DISPOSED	VOLUME DISPOSED		RATE	PRESSURE	PRESSURE	PHESSURE	Initials
					(M <sup>3</sup> )	(M <sup>3</sup> )	00111101110	(M <sup>3</sup> per Hour)	(psig)	(kPag)	(kPag)	
CARRY FWD						8,193.948	447			1,071.76		
1	35.562				35.562	8,229.510		1.992	460	3,172		so
2	33.262				33.262	8,262.772		2.000	435	2,999		so
3	45.545				45.545	8,308.317		1.875	481	3,316		so
4	44.272				44.272	8,352.589		1.975	460	3,172		PM
5	17.399				17.399	8,369.988		1.992	470	3,241		PM
6	43.516				43.516	8,413.504		0.000	0	0		PM
7	8.041				8.041	8,421.545		0.000	0	0		PM
8	1.824				1.824	8,423.369		0.250	480	3,310		PM
9	0.154				0.154	8,423.523		0.000	0	0		PM
10	4.283				4.283	8,427.806		0.000	0	0		so
11	0.464				0.464	8,428.270		0.000	0	0		so
12	0.000				0.000	8,428.270		0.000	0	0		so
13	0.000				0.000	8,428.270		0.000	0	0		so
14	0.000				0.000	8,428.270		0.000	0	0		so
15	0.000				0.000	8,428.270	acid job	0.000	0	0		so
16	12.950				12.950	8,441.220		1.917	185	1,276		so
17	3.641				3.641	8,444.861		0.000	0	0		PM
18	37.150				37.150	8,482.011		1.894	270	1,862		PM
19	49.374				49.374	8,531.385		1.869	290	2,000		PM
20	39.444				39.444	8,570.829		1.906	285	1,965		so
21	33.858				33.858	8,604.687		0.000		0		РМ
22	0.000				0.000	8,604.687		1.917	240	1,655		PM
23	30.626				30.626	8,635.313		1.833	220	1,517		PM
24	11.510				11.510	8,646.823		1.875	225	1,551		so
25	25.359				25.359	8,672.182		1.958	235	1,620		so
26	33.548				33.548	8,705.730		1.958	285	1,965		so
27	32.482				32.482	8,738.212		1.902	260	1,793		so
28	44.782				44.782	8,782.994		1.875	280	1,931		so
29	39.538				39.538	8,822.532		1.833	287	1,979		so
30	42.773				42.773	8,865.305		1.875	305	2,103		so
31	33.412				33.412	8,898.717		1.854	290	2,000		PM
Totals:	704.769	0.000	0.000	0.000	704.769		Averages:	1.179	208	1,433		



MONTHLY INJECTION RECORD FOR BRINE INJECTION WELL @ HOWARD 1-96-STRBF IN THE TOWNSHIP OF HOWARD, COUNTY OF KENT - PERMIT #8230

2000	BRIN	E VOLUMES	(M³) DISPOSE	D		YEAR-To-DATE		AVERAGE				
MONTH OF	SOURCE	SOURCE	SOURCE	SOURCE	TOTAL DAILY	CUMMULATIVE	MAINTENANCE	HOURLY	AVERAGE	AVERAGE	ANNULUS	
August	OF FLUID	OF FLUID	OF FLUID	OF FLUID	VOLUME	TOTAL	8	INJECTION	INJECTION	INJECTION	PRESSURE	Initials
	MORPETH	PORT ALMA	ERIEAU		DISPOSED	VOLUME DISPOSED	COMMENTS	RATE	PRESSURE	PRESSURE		
			DOCK		(M <sup>3</sup> )	(M³)		(M³ per Hour)	(psig)	(kPag)	(kPag)	
CARRY FWD			12.5			8,898.717						
1	43.156				43.156	8,941.873		1.819	315	2,172		РМ
2	42.865				42.865	8,984.738		1.792	315	2,172		РМ
3	23.242				23.242	9,007.980		1.875	280	1,931		РМ
4	17.476				17.476	9,025.456		0.917	270	1,862		РМ
5	26.109				26.109	9,051.565		1.500	240	1,655		РМ
6	42.451				42.451	9,094.016		1.792	300	2,069		РМ
7	28.690				28.690	9,122.706		1.458	240	1,655		РМ
8	43.806				43.806	9,166.512		1.938	315	2,172		so
9	39.048				39.048	9,205.560		1.458	257	1,772		so
10	31.827				31.827	9,237.387		1.375	260	1,793		so
11	32.499				32.499	9,269.886		1.442	261	1,800		so
12	36.024				36.024	9,305.910		1.483	262	1,806		so
13	35.656				35.656	9,341.566		1.846	325	2,241		so
14	36.273				36.273	9,377.839		0.792	265	1,827		PM
15	35.451				35.451	9,413.290		1.521	280	1,931		PM
16	36.575				36.575	9,449.865		1.500	279	1,924		so
17	36.144				36.144	9,486.009		1.708	300	2,069		so
18	28.530				28.530	9,514.539		1.500	260	1,793		so
19	43.393				43.393	9,557.932		1.750	320	2,206		PM
20	44.244				44.244	9,602.176		1.750	337	2,324		PM
21	21.262				21.262	9,623.438		1.958	357	2,462		so
22	34.363				34.363	9,657.801		1.958	330	2,275		so
23	45.443				45.443	9,703.244		1.950	345	2,379		so
24	26.901				26.901	9,730.145		1.958	330	2,275		so
25	47.385				47.385	9,777.530		1.975	362	2,496		so
26	16.736				16.736	9,794.266		0.979	322	2,220		so
27	35.527				35.527	9,829.793		0.938	360	2,482		so
28	33.030				33.030	9,862.823		1.792	235	1,620		РМ
29	36.695				36.695	9,899.518		1.833	355	2,448		РМ
30	32.749				32.749	9,932.267		1.854	355	2,448		PM
31	43.659				43.659	9,975.926		1.938	385	2,655		PM
Totals:	1,077.209	0.000	0.000	0.000	1,077.209		Averages:	1.624	304	2,095		



MONTHLY INJECTION RECORD FOR BRINE INJECTION WELL @ HOWARD 1-96-STRBF IN THE TOWNSHIP OF HOWARD, COUNTY OF KENT - PERMIT #8230

2000	BF	RINE VOLUMES	(M³) DISPOS	ED		YEAR-To-DATE		AVERAGE				
MONTH OF	SOURCE	SOURCE	SOURCE	SOURCE	TOTAL DAILY	CUMMULATIVE	MAINTENANCE	HOURLY	AVERAGE	AVERAGE	ANNULUS	
September	OF FLUID	OF FLUID	OF FLUID	OF FLUID	VOLUME	TOTAL	8	INJECTION	INJECTION	INJECTION	PRESSURE	Initials
	MORPETH	PORT ALMA			DISPOSED	VOLUME DISPOSED	COMMENTS	RATE	PRESSURE	PRESSURE		
					(M <sup>3</sup> )	(M <sup>3</sup> )		(M³ per Hour)	(psig)	(kPag)	(kPag)	
CARRY FWD						9,975.926		1 100	33.50	3.2:3	2000	
1	15.012				15.012	9,990.938	9	1.689	385	2,655		РМ
2	26.667				26.667	10,017.605		1.840	330	2,275		РМ
3	33.470				33.470	10,051.075		1.830	340	2,344		PM
4	42.743				42.743	10,093.818		1.771	360	2,482		РМ
5	34.368				34.368	10,128.186		1.833	368	2,537		so
6	30.071				30.071	10,158.257		1.166	240	1,655		so
7	31.537				31.537	10,189.794		1.438	290	2,000		so
8	34.539				34.539	10,224.333		1.396	295	2,034		so
9	34.331				34.331	10,258.664		1.625	310	2,137		so
10	38.975				38.975	10,297.639		1.833	360	2,482		so
11	14.602				14.602	10,312.241		1.042	220	1,517		PM
12	24.842				24.842	10,337.083		1.500	290	2,000		PM
13	30.745				30.745	10,367.828		1.733	330	2,275		so
14	43.310				43.310	10,411.138		1.775	355	2,448		so
15	42.554				42.554	10,453.692		1.792	345	2,379		so
16	5.913				5.913	10,459.605		0.875	190	1,310		PM
17	43.094				43.094	10,502.699		1.542	295	2,034		PM
18	27.521				27.521	10,530.220	-	1.738	325	2,241		so
19	39.609				39.609	10,569.829		1.773	360	2,482		so
20	42.383				42.383	10,612.212		1.792	370	2,551		so
21	14.616				14.616	10,626.828		0.875	305	2,103		so
22	33.017				33.017	10,659.845		1.808	347	2,393		so
23	30.344				30.344	10,690.189		1.458	290	2,000		so
24	41.480				41.480	10,731.669		1.760	360	2,482		so
25	12.018				12.018	10,743.687		1.783	260	1,793		PM
26	31.581	-			31.581	10,775.268		1.779	325	2,241		PM
27	42.025				42.025	10,817.293		1.775	356	2,455		PM
28	42.677				42.677	10,859.970		1.750	370	2,551		PM
29	3.133				3.133	10,863.103		0.275	250	1,724		PM
30	0.000				0.000	10,863.103		0.000		0		PM
		-			0.00	111111111111111111111111111111111111111						
Totals:	887.177	0.000	0.000	0.000	887.177		Averages:	1.508	307	2,119		



MONTHLY INJECTION RECORD FOR BRINE INJECTION WELL @ HOWARD 1-96-STRBF IN THE TOWNSHIP OF HOWARD, COUNTY OF KENT - PERMIT #8230

2000	BRINE	VOLUMES (N	A <sup>3</sup> ) DISPOSED	)		YEAR-To-DATE		AVERAGE				
MONTH OF	SOURCE	SOURCE	SOURCE	SOURCE	TOTAL DAILY	CUMMULATIVE	MAINTENANCE	HOURLY	AVERAGE	AVERAGE	ANNULUS	
October	OF FLUID	OF FLUID	OF FLUID	OF FLUID	VOLUME	TOTAL	8.	INJECTION	INJECTION	INJECTION	PRESSURE	Initials
	MORPETH	PORT ALMA			DISPOSED	VOLUME DISPOSED	COMMENTS	RATE	PRESSURE	PRESSURE		
					(M <sup>3</sup> )	(M <sup>3</sup> )		(M³ per Hour)	(psig)	(kPag)	(kPag)	
CARRY FWD					1 1	10,863.103	1.7		10 10 11	1-151		
1	4.635				4.635	10,867.738		1.771	285	1,965		PM
2	31.407				31.407	10,899.145		1.500	250	1,724		so
3	24.943				24.943	10,924.088		1.458	260	1,793		so
4	30.186				30.186	10,954.274		1.500	270	1,862		PM
5	15.891				15.891	10,970.165		1.500	260	1,793		PM
6	16.662				16.662	10,986.827		1.830	285	1,965		so
7	26.258				26.258	11,013.085		1.875	265	1,827		so
8	18.591				18.591	11,031.676		1.830	280	1,931		so
9	30.257				30.257	11,061.933		1.000	200	1,379		PM
10	23.596				23.596	11,085.529		1.000	201	1,386		PM
11	24.316				24.316	11,109.845		1.917	310	2,137		so
12	34.285				34.285	11,144.130		1.500	270	1,862		so
13	26.267				26.267	11,170.397		1.417	260	1,793		PM
14	30.161				30.161	11,200.558		0.938	220	1,517		PM
15	25.534				25.534	11,226.092		0.938	215	1,482		PM
16	23.228				23.228	11,249.320		1.854	330	2,275		so
17	12.772				12.772	11,262.092		1.875	360	2,482		so
18	46.695	-			46.695	11,308.787		0.458	210	1,448		PM
19	12.014				12.014	11,320.801		2.000	400	2,758		PM
20	28.447				28.447	11,349.248		1.792	400	2,758		so
21	23.210				23.210	11,372.458		0.917	200	1,379		so
22	11.385				11.385	11,383.843		1.417	. 285	1,965		so
23	12.719				12.719	11,396.562		1.375	280	1,931		PM
24	24.550				24.550	11,421.112		1.021	205			PM
25	25.905				25.905	11,447.017		1.396	307			so
26	16.231				16.231	11,463.248		1.375	225			so
27	8.093				8.093	11,471.341		0.492	110			PM
28	10.164				10.164	11,481.505		0.979	260			PM
29	31.125				31.125	11,512.630		1,417	305			PM
30	34.083				34.083	11,546.713		1,396	315			so
31	14.218			,	14.218	11,560.931		1,396	295			so
Totals:	697.828	0.000	0.000	0.000	697.828		Averages:	1,391	268			



MONTHLY INJECTION RECORD FOR BRINE INJECTION WELL. @ HOWARD 1-96-STRBF IN THE TOWNSHIP OF HOWARD, COUNTY OF KENT - PERMIT #8230 Pt. Colborne Office Station - keep copy

BRINE VOLUMES (M3) DISPOSED 2000 YEAR-To-DATE AVERAGE MONTH OF TOTAL DAILY HOURL AVERAGE AVERAGE MAINTENANCE CUMMULATIVE ANNULUS November OF FLUID OF FLUID OF FLUID OF FLUID VOLUME TOTAL INJECTION INJECTION INJECTION PRESSURE Initials MORPETH PORT ALMA PRESSURE VOLUME DISPOSED COMMENTS RATE PRESSURE DISPOSED (M³ per Hour) (M<sup>3</sup>)(M<sup>3</sup>)(psig) (kPag) (kPag) CARRY FWD 11,560.931 35.181 35.181 11,596.112 1.408 310 2,137 РМ 0.625 2 15.989 15.989 11,612.101 210 1,448 PM 3 0.979 238 8.431 8.431 11,620.532 1,641 SO 4 11.301 11.301 11,631.833 0.979 250 1,724 SO 13.179 13.179 11,645.012 250 1,724 so 6 34.096 34.096 11,679.108 1.033 240 1,655 PM 7 0.833 200 17.367 17.367 11,696.475 1,379 PM 8 26.774 26.774 11,723.249 1.058 240 1,655 BW 9 23.729 23.729 11,746.978 1.083 250 1,724 BW 10 23.241 11,770.219 0.521 235 PM 23.241 1,620 11 24.010 24.010 11,794.229 1.054 220 1,517 BW 12 23.369 23.369 11,817.598 0.500 212 1,462 PM 13 26.474 0.917 26.474 11.844.072 290 2,000 SO 14 17.518 17.518 11,861.590 1.121 310 2,137 SO 15 7.275 0.833 290 2,000 PM 7.275 11,868.865 16 0.013 0.013 11,868.878 0.102 160 1,103 PM 17 23.972 1.042 200 1,379 SO 23.972 11,892.850 12.617 1,379 SO 18 11,905.467 1.042 200 12.617 19 7.615 11,913.082 0.896 220 1,517 so 7.615 20 23.026 23.026 11,936.108 1.031 191 1,317 PM 0.992 210 PM 21 24.304 24.304 11,960.412 1,448 200 SO 22 19.655 19.655 11,980.067 0.992 1,379 SO 23 29.105 1.063 1,517 29.105 12,009.172 220 24 24.895 1.033 1,379 PM 24.895 12,034.067 200 PM 25 24.700 24.700 12,058.767 1.017 215 1,482 PM 26 24.490 24.490 12,083.257 1.007 200 1,379 SO 27 18.671 1.008 1,400 18.671 12,101.928 203 SO 28 29.041 1.063 1,503 29.041 12,130.969 218 29 22.577 1,538 PM 22.577 12,153.546 1.083 223 PM 30 26.179 26.179 12,179.725 1.112 240 1,655

0.947

Averages:

228

1,573

Totals:

618.794

0.000

0.000

0.000

618.794



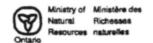
MONTHLY INJECTION RECORD FOR BRINE INJECTION WELL @ HOWARD 1-96-STRBF IN THE TOWNSHIP OF HOWARD, COUNTY OF KENT - PERMIT #8230

Pt. Colborne Office

Station - keep copy

2000	BR	INE VOLUMES	(M³) DISPOS	ED.		YEAR-To-DATE		AVERAGE				_
MONTH OF December	SOURCE OF FLUID MORPETH	SOURCE OF FLUID PORT ALMA	SOURCE OF FLUID	SOURCE OF FLUID	TOTAL DAILY  VOLUME  DISPOSED  (M³)	CUMMULATIVE TOTAL VOLUME DISPOSED (M³)	MAINTENANCE & COMMENTS	HOURLY INJECTION RATE (M³ per Hour)	AVERAGE INJECTION PRESSURE (psig)	AVERAGE INJECTION PRESSURE (kPag)	ANNULUS PRESSURE (kPag)	Initials
CARRY FWD						12,179.725		1944	100	014.00		
1	25.286				25.286	12,205.011		1.050	240	1,655		so
2	26.287				26.287	12,231.298		1.075	240	1,655		so
3	26.564				26.564	12,257.862		1.021	240	1,655		so
4	24.155				24.155	12,282.017		1.000	230	1,586		PM
5	28.183				28.183	12,310.200		1.463	321	2,213		PM
6	35.195				35.195	12,345.395		1.454	330	2,275		so
7	33.768				33.768	12,379.163		1.438	340	2,344		so
8	34.072				34.072	12,413.235		1.125	300	2,069		PM
9	25.374				25.374	12,438.609		1.021	250	1,724		PM
10	24.811				24.811	12,463.420		1.229	268	1,848		PM
11	29.786				29.786	12,493.206		1.438	330	2,275		so
12	33.507				33.507	12,526.713		1.438	328	2,262		so
13	34.571				34.571	12,561.284		1.442	345	2,379		PM
14	32.572				32.572	12,593.856		1.458	330	2,275		PM
15	27.184				27.184	12,621.040		1.404	340	2,344		so
16	34.877				34.877	12,655.917		1.421	335	2,310		so
17	34.734				34.734	12,690.651		1.446	338	2,331		so
18	33.083		-		33.083	12,723.734		1.471	335	2,310		PM
19	31.381				31.381	12,755.115		1.471	345	2,379		PM
20	35.207				35.207	12,790.322		1.483	350	2,413		BW
21	35.493				35.493	12,825.815		1.467	340	2,344		BW
22	33.599				33.599	12,859.414		1.467	355	2,448		PM
23	33.496				33.496	12,892.910		1.213	359	2,475		PM
24	24.606				24.606	12,917.516		0.983	250	1,724		PM
25	22.772				22.772	12,940.288		0.992	260	1,793		so
26	24.932				24.932	12,965.220		0.979	249	1,717		so
27	22.378				22.378	12,987.598		1.000	260	1,793		BW
28	24.000				24.000	13,011.598		1.000	260	1,793		BW
29	23.606				23.606	13,035.204		0.988	255	1,758		so
30	23.722				23.722	13,058.926		0.988	255	1,758		so
31	23.712				23.712	13,082.638		0.992	260	1,793		so
Totals:	902.913	0.000	0.000	0.000	902.913		Averages:	1.239	298	2,055		





# Annual Report of Monthly **Injection** for the year 2000

LONNIE BARNES  SI DURVEE ST.  NGS, ON NON 170  Y applies to fluid injection  wells must be reported and  MACGILLIURAY  ENNISKILLEN  LOT 19 Concession	for secondary rec		Fax # 519-834-2155
y applies to fluid injection wells must be reported and MACGILLI URAY ENNISKILLEN	for secondary rec	overy.	
y applies to fluid injection wells must be reported and MACGILLI URAY ENNISKILLEN			
MACGILLI URAY ENNISKILLEN			
MACGILLI URAY ENNISKILLEN	all injection must b		L
ENNISKILLEN		THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	is insufficient attach additional for
		Source Pool:	
ot to Concession		Source Formation:	2481
	2	Fluid Type:	FRESH WATER
#: N/A		Injection Formation	: DUNDEE
7101100		Injection Pool:	
1 - Active, suspended, aba	indoned, testing, po	otential	
Co. i A to a to a de		The second of th	
	jection:		
D SETTLING			
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olume Injected (m³)	Average Daily	Days on	Injection Rate
Static Injector (III )			(m³/day)
1410:50	2756.92 K	(Pag 31	45.5
1319.50		V	
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1365.00		30	
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1365.00 1410.50		30 31	
1365.00 1410.50 1410.50		30 31 31	
1365.00 1410.50 1410.50		30 31 31 30	
1365.00 1410.50 1410.50 1365.00 1410.50		30 31 31 30 31	
1365.00 1410.50 1410.50		30 31 31 30	
1	fluid treatment prior to in D SETTLING  Dlume Injected (m³)  1410. 50  1319.50  1410. 50	fluid treatment prior to injection:  D SETTLING  Average Daily Injection Pressu (kPag at wellhe)  1410.50  2756.92   1319.50  (400 PSI	Average Daily Injection Pressure (kPag at wellhead)  1410.50



#### **Annual Report of Monthly Injection** for the year 2000

### TO: the Minister of Natural Resources

FORM 9

Operator	Shiningbank Energy Ltd.	Tel #: (403) 268-7477	
Address:	#1310, 111 - 5th aAve S.W.	Fax # (403) 268-7499	
	Calgary, Alberta T2P 3Y5		

Well Name: Rodney Unit #1 Water Injection Source Pool: Aquifer Township: Aldborough Source Formation: Tract Lot Concession Fresh Water Fluid Type: 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	16410.0	3400	31	
Feb	17345.0	3400	29	
Mar	20375.0	3400	31	
Apr	18456.0	3400	30	
May	19300.0	3400	31	
Jun	18582.0	3400	30	
Jul	16612.0	3400	31	
Aug	15277.0	3400	31 .	
Sep	15405.0	3400	30	
Oct	17391.0	3400	31	
Nov	16492.0	3400	30	
Dec	16812.0	3400	31	
Total	208457		366	

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

Date: February 21, 2001 Name: Signature: G.D. (GREG) MOORE VICE PRESIDENT, OPERATIONS SHININGBANK ENERGY LTD.

#### **Annual Report of Monthly Injection** for the year 2000

#### TO: the Minister of Natural Resources

FORM 9

Tel #: (403) 268-7477 Operator Shiningbank Energy Ltd. #1310, 111 - 5th aAve S.W. Address: Fax # (403) 268-7499 Calgary, Alberta T2P 3Y5

Well Name: Township:

Rodney Unit #2 Water Injection

Aldborough

Tract

Lot

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

TA1006-01011-011P

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	7021	2950	31	
Feb	7356	2950	29	
Mar	8314	2950	31	
Apr	7470	2950	30	
May	6225	2950	31	
Jun	6327	2950	30	
Jul	6424	2950	31	
Aug	7478	2950	31 .	
Sep	7685	2950	30	
Oct	9203	2950	31	
Nov	8647	2950	30	
Dec	7845	2950	31	
Total	89995		366	

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

Date: February 21, 2001 Name: Signature:

G.D. (GREG) MOORE VICE PRESIDENT, OPERATIONS SHININGBANK ENERGY LTD.

#### **Annual Report of Monthly Injection** for the year 2000

#### TO: the Minister of Natural Resources

FORM 9

Operator	Shiningbank Energy Ltd.	Tel #: (403) 268-7477	
Address:	#1310, 111 - 5th aAve S.W.	Fax # (403) 268-7499	
	Calgary, Alberta T2P 3Y5		

Well Name:

Rodney Unit #3 Water Injection

Township: Tract

Lot

Well Licence #:

Aldborough Concession

TA1006-01011-021P

Well Status - Mode \*: Active

Injection Permit:

Source Pool:

Source Formation:

Fluid Type:

Injection Formation:

Injection Pool:

Aquifer

Fresh Water

Columbus

Description of fluid treatment prior to injection:

Nil

Month	Volume Injection (m3)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m3/day)
Jan	4556.0	2950	31	
Feb	4052.0	2950	29	
Mar	4041.0	2950	31	
Apr	3622.0	2950	30	
May	3471.0	2950	31	
Jun	3033.0	2950	30	
Jul	3010.0	2950	31	
Aug				
Sep				
Oct				
Nov				
Dec				
Total	25785.0	'	213	

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

Date: February 21, 2001 Name: Signature:

G.D. (GREG) MOORE VICE PRESIDENT, OPERATIONS SHININGBANK ENERGY LTD.

