

Annual Report of Monthly **Injection** for the year <u>2001 amended</u>

Form 6 To: the Minister of Natural Re	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		
CONTRACTOR OF THE PROPERTY OF		AND A TAXABLE PROPERTY OF THE PARTY OF THE P

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	

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

Description of fluid treatment prior to injection:	
Settling in pond	

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	246.45	2756.92 (400 PSI)	31
Feb	222.60		28
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	2901.75		365

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



Annual Report of Monthly **Injection** for the year 2001

MINISTRY OF NATURAL RESOURCES

RECEDITION

FEB 1 5 2002

PETROLEUM RESOURCES

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4981 Fa:	x # (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.

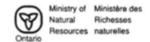
Well Name: Mersea 1-12-A	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 1 Lot 12 Concession A	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40048 IP	

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

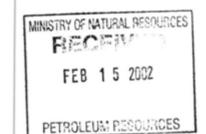
Description of fluid treatment prior to injection:

Month	Volume Injected (m3)	Average Daily	Hours on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
Jan	2510.0	1781	744	81 0
Feb	1776.0	1732	672	63.4
Mar	1772.0	1563	744	57.2
April	1810.0	1567	720	60.3
May	2165.0	1782	744	69.8
June	2096.0	1890	720	69.9
July	1619.9	2886	744	52.3
Aug	1369.0	2848	744	44.2
Sep	2413.0	3017	720	80.4
Oct	3254.5	3119	744	105.0
Nov	2892.0	2852	720	96.4
Dec	2611.0	2773	744	84.2
Total	26,288.4	27,810	8760	864.1

Name: Heather Harker	Date: February 8, 2002
Signature: Geather Harker	Position Held: Canadian Operation Accountant



Annual Report of Monthly **Injection** for the year 2001



Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4981 Fa:	x # (403) 231-2816
Address 2400 888 3 rd 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	

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

Description of fluid treatment prior to injection:	

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	5622.0	2768	585	230.4
Feb	5097.0	2275	576	212.4
Mar	6418.0	2723	641	240.4
April	5909.0	2623	600	236.4
May	6394.0	2998	653	235.1
June	6594.7	3150	680	233.0
July	7148.4	3295	742	231.3
Aug	7634.6	3353	684	267.9
Sep	7962.9	3800	694	275.5
Oct	8185.9	3977	704	279.4
Nov	7955.4	4032	680	281.1
Dec	7467.4	3355	681	262.9
Total	82,389.3	38,349	7,920	2,985.8

Name: Heather Harker	Date: February 8, 2002
Signature Heather Harker	Position Held: Canadian Operation Accountant



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 Na	me:		Imper	ial Becher 77		Source Pool:	Syder	ham 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 #	<i>‡</i> :		945		Injection Formation		A 1 Salina - Silurian
Well Sta	itus - N	Node*:		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: 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:	4.Feb.02
Signature:	Chouse	Position Held:	President





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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.

					Annual Contract of the Contrac		
Well Name: Imp	erial B	echer 76	6 I.W.(853)H. Joh	nston 1	Source Pool:	Syden	ham River & Production
Township: Sombra				Source Formation:		Salina - A 1 Unit	
Tract: 6	Lot:	9	Concession:	5	Fluid Type:	Fr	esh & Salt Water
Well Licence #: 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	r, 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:/	Jame/Lowrie	Date:	14.Feb.02
Signature:	Lourie	Position Held:	President





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To the Minister of Natural Resources

Operator	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit 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:	Syden	ham River & Production	
Township: Sombra			Source Formation:		Salina - A 1 Unit		
Tract: 1	Lot:	8	Concession:	5	Fluid Type:	Fr	esh & Salt Water
Well Licence	#:		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
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: Jahe Lowrie	Date:	14.Feb.02
Signature:	Trourie	Position Held:	President





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To the Minister of Natural Resources

Operator	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit 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 secon		THE RESIDENCE OF THE PARTY OF T		
Well Name: Imperial Oil 220 - Becher 53 - Johnston 2					Sydeni	nam River & Production
Township: Sombra				Source Formation:		Salina - A 1 Unit
Lot:	9	Concession:	5	Fluid Type:	Fre	sh & Salt Water
#:		8601		Injection Formation		A 1 Salina - Silurian
Mode*:		Suspended		Injection Pool:	,	West Becher Unit
Injection Permit #: Order in Council - 17.Apr.63						
	Lot: #: Mode*:	Lot: 9 #: Mode*:	Sombra	Sombra	Lot: 9 Concession: 5 Fluid Type: #: 8601 Injection Formation Mode*: Suspended Injection Pool:	Sombra Source Formation: Lot: 9 Concession: 5 Fluid Type: Free #: 8601 Injection Formation Mode*: Suspended Injection Pool:

* 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:	lane Lowrie	Date:	14.Feb.02
Signature:	rouse	Position Held:	President





Annual Report for Monthly Injection for the year 2001

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	me:	e: Imperial Oil 196 - Becher 33 - Griffith 1			Source Pool:	Syden	ham River & Production	
Township: Sombra			Source Formation:		Salina - A 1 Unit			
Tract:	8	Lot:	8	Concession:	6	Fluid Type:	Fr	esh & Salt Water
Well Lice	ence #	#:		8600		Injection Formation		A 1 Salina - Silurian
Well Sta	tus - I	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 inhibito	r, 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: øe	rl/Jane kowrie	Date:	14.Feb.02
Signature:	Kource	Position Held:	President





Annual Report for Monthly Injection for the year 2001

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.

			<u> </u>					
Well Na	me:	Imperial Bluewater (894) So				Source Pool:	Thames River	
Townshi	ip:		C	Dunwich		Source Formation:	Not applicable	
Tract:	5	Lot:	22	Concession:	2	Fluid Type:	Fresh Water	
Well Lice	ence #	# :		1785		Injection Formation:	Cambrian	
Well Status - Mode*: Suspended		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 .
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:	14.Feb.02
Signature:	(Hourse	Position Held:	President



Form 6

To the Minister of Natural Resources

Operator	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit 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:	Bluewater Dunwich 1-23-I				Source Pool:	Thames River	
Townshi	p:		0	Dunwich		Source Formation:	Not applicable	
Tract:	1	Lot:	23	Concession:	1	Fluid Type:	Fresh Water	
Well Lice	Well Licence #: 2644		Injection Formation:	Cambrian				
Well Status - Mode*: Suspended		Mode*: Suspended Injection Pool:		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:	Marie Løwrie	Date:	14.Feb.02
Signature:		Mayle Lowrie	Position Held:	President



Form 6

To the Minister of Natural Resources

Operator	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit 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	me: Dolphin I.U.P. No. 2				Dolphin I.U.P. No. 2 Source Pool:			
Townshi	p:		С	unwich		Source Formation:	Not applicable	
Tract:	5	Lot:	22	Concession:	1	Fluid Type:	Fresh Water	
Well Lice	ence #	<i>‡</i> :		2967		Injection Formation:	Cambrian	
Well Status - Mode*: Abandoned		Injection Pool:	Willey					
Injection	Perm	nit #:	Ener	gy Board Order 41				

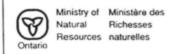
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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
Śep	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:	Wane Lo	owrie	Date:	14.Feb.02
Signature:	6			Position Held:	President





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:		Atlas # 1		Source Pool:	Thames River
Township:			Dunwich		Source Formation:	Not applicable
Tract: 1	Lot:	23	Concession:	4	Fluid Type:	Fresh Water
Well Licence	e #:		2509		Injection Formation:	Cambrian
Well Status	- Mode*:		Abandoned		Injection Pool:	Willey
Injection Per	rmit #:	Ener	gy Board Order 41			

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

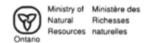
Description of fluid treatment prior to injection: floculation, settling pond

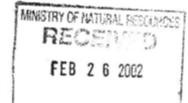
		Average Daily Injection Pressure	Days on	Injection Rate
Month	Volume Injected (m ³)	(kPag at wellhead)	Injection	(m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	. 0
April	0	0	0	0
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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

Name: Date: 14.Feb.02

Signature: Position Held: President





Annual Report of Monthly **Injection** for the year 2001

PETROLEUM PERO IRGES

Operator: Range Petroleum Corporation Tel. # (403) 264-8771 Fax # (403) 266-1927	Form 6	To: the Minister of Na	tural Resourc	es				
This form only applies to fluid injection for secondary recovery. All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms. Well Name: N/A Source Pool: Source Formation: Tract Lot Concession Fluid Type: Well Licence #: Injection Formation: Well Status - Mode*: Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan Policy Pressure (kPag at wellhead) Jan April April April April Aug Policy Poli	Operator:	ator: Range Petroleum Corporation Tel. # (403) 264-8771 Fa					Fa	x # (403) 266-1927
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 insufficent attach additional forms. Well Name: N/A Source Formation: Tract Lot Concession Fluid Type: Well Licence #: Injection Formation: Well Status - Mode*: Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan Feb Mar April May June July Aug Sep Oct Oct Nov Dec Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Gorak Paice in attach additional forms. Source Pool: If space is insufficent attach additional forms. Source Pool: If space is insufficent attach additional forms. Source Pool: Injection Formation: Injection Formation: Days on Injection Rate (m²/day) Injection Rate (m	Address	#900, 736-6th Avenue S.W. C	Calgary, AB					
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms. Well Name: N/A Source Pool: Trownship: Source Formation: Tract Lot Concession Fluid Type: Well Licence #: Injection Formation: Well Status - Mode*: Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m²) Average Daily Injection Pressure (kPag at wellhead) Average Daily		T2P 3T7						
Well Name: N/A Source Pool: Township: Source Formation: Tract Lot Concession Fluid Type: Well Licence #: Injection Formation: Well Status - Mode*: Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Days on Injection Rate (m³) Average Daily Injection Pressure (kPag at wellhead) Jan Days on Injection Rate (m³) Average Daily Injection Pressure (kPag at wellhead) Jan Days on Injection Rate (m³) Average Daily Injection Pressure (xPag at wellhead) Jan Days on Injection Rate (m³) Average Daily Injection Rate (xp³)/day) June July July								
Township: Tact Lot Concession Fluid Type: Well Licence #: Well Status - Mode*: Injection Formation: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Where the status is a substitute of the status is			all injection	must b			nsuffic	ent attach additional forms.
Tract Lot Concession Fluid Type: Well Licence #: Injection Formation: Well Status - Mode*: Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Injection Rate (m³/day)								
Well Licence #: Injection Formation: Well Status - Mode*: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Injection Pressure (kPag at wellhead)								
Well Status - Mode*: Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month								
Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month								
* As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month					Injectio	on Pool:		
Description of fluid treatment prior to injection: Month	ASSESSMENT OF THE PARTY OF THE	THE RESIDENCE OF THE PARTY OF T			-		No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,	
Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan Feb Mar April May June July Aug Sep Oct Nov Dec Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Goruk Days on Injection Rate (m³)/day)	* As of D	ec. 31 - Active, suspended, aba	indoned, testi	ing, po	tential			
Injection Pressure (kPag at wellhead) Injection (m³/day) Injecti	Description	on of fluid treatment prior to in	jection:				-	
Injection Pressure (kPag at wellhead) Injection (m³/day) Injecti								
Injection Pressure (kPag at wellhead) Injection (m³/day) Injecti								
Jan Feb San	Month	Volume Injected (m³)	Injection Pressure Injection (1					
Mar April May June July Aug Sep Oct Nov Dec Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Gorak Date: \$\times_2 \left(\frac{1}{2} \right)^2 \right)\$	Jan		(112.118.111		/			
April May June July Aug Sep Oct Nov Dec Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Gorak Date: O2 (22 (15))	Feb							
May June July Aug Sep Oct Nov Dec Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Goruk Date: \$\cute{	Mar							
July Aug Sep Oct Nov Dec Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Goruk Date: O2 (32 (15))	April							
July Aug Sep Oct Nov Dec Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Gorak Date: O2 (22 15)	May							
Aug Sep Oct Nov Dec Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Gorak Date: \$\text{Date} \text{Lis}\$	June							
Sep Oct Nov Dec Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Gorak Date: 52 (22 15)	July							
Oct Nov Dec Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Gorak Date: 02 (22 15)	Aug							
Nov Dec Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Goruk Date: 02 (22 15)	Sep							
Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Gorak Date: 02 (22 15)	Oct							
Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Gorak Date: 02 (22 (15)	Nov		1				+	
Total The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: B.W. Gorak Date: 02 (22 (15)	Dec		1					
Name: B.W. Gorak Date: 02 (22 15)							\neg	
Name: B.W. Gorak Date: 02 (22 15								
Name: B.W. Gorak Date: 02 (22 15	The under	signed cartifies that the above info	rmation is som	onlete o	nd accura	to and ha/sha ha	e author	ity to hind the operator
			illation is con	ipiete a				ity to bind the operator.
	Signature	1/2 Combo			Positio			nt, Production





Form 6

To: the Minister of Natural Resources

Concession

Operator: Shiningbank Energy Limited Tel. # 649-0511 Fax # 649-6667 Address: 552 Newbold St London, Ontario, N6E 2S5

Well Name: Township:

Rodney Unit 1 Aldborough

Source Pool: Source Formation: Glacial drift

Tract

Fresh Water

Fluid Type:

Injection Formation: Columbus

Well Licence #

Well Status - Mode*: Injection Permit #:

Injection Pool: Rodney Unit 1

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

Description of fluid treatment prior to injection: Water is filtered

Month	Volume	Average Daily	Days on	
	Injected (m3)	Injection Pressure	Injection	Injection Rate (m3/day)
		kPag		
Jan	16,916.1	500 to 3200	31	545.7
Feb	14,676.1	500 to 3200	28	524.1
Mar	14,449.0	800 to 3100	31	466.1
April	14,598.0	500 to 3100	30	486.6
May	15,781.0	500 to 3000	31	509.1
June	12,960.1	500 to 3000	30	432.0
July	17,660.0	900 to 3100	31	569.7
Aug	16,053.1	300 to 3100	31	517.8
Sept	14,132.9	600 to 3000	30	471.1
Oct	14,285.0	500 to 3000	31	460.8
Nov	13,406.0	450 to 3050	30	446.9
Dec	14,597.0	500 to 3100	31	470.9
Total	179,514.3			

Name:	Jim McIntosh	Date:	15-Feb-02
Signiture:	SVAA	Position Held:	Manager, Ontario Operations
	7100		





Annual Report of Monthly Injection For the year 2001

Form 6

To: the Minister of Natural Resources

Concession

Operator: Shiningbank Energy Limited Tel. # 649-0511 Fax # 649-6667 Address: 552 Newbold St London, Ontario, N6E 2S5

Well Name:

Rodney Unit 2

Source Pool:

Township:

Aldborough

Source Formation: Glacial drift

Tract

Fresh Water

Lot

Fluid Type:

Well Licence #

Injection Formation: Columbus

Well Status - Mode*: Injection Permit #:

Injection Pool:

Rodney Unit 2

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

Description of fluid treatment prior to injection: Water filtered before injection

Month	Volume	Average Daily	Days on		
	Injected (m3)	Injection Pressur	Injection	Injection R	ate (m3/day)
		kPag			
Jan	8,135.0	138 to 3034	31		262.4
Feb	8,309.9	103 to 3037	28		296.8
Mar	9,724.9	172 to 3137	31		313.7
April	8,954.0	138 to 3034	30		298.5
May	9,444.0	200 to 3100	31		304.6
June	7,617.1	150 to 3100	30		253.9
July	9,424.9	120 to 3125	31		304.0
Aug	10,701.0	50 to 3100	31		345.2
Sept	8,274.0	150 to 3100	30		275.8
Oct	10,311.0	400 to 3010	31		332.6
Nov	10,068.0	250 to 3100	30		335.6
Dec	10,216.0	450 to 3075	31		329.5
Total	111,179.9				
Cum. Total**					

^{**} Cumulative volume disposed since the well was first activiated.

Name:	Jim McIntosh	Date:	1	5-Feb-02
Signiture:	AAAA	Position Held:	Manager,	Ontario Operations





FORM 109

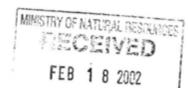
(1) All injection wells operated must be reported

Petroleum Resources Act

(2) All injection must be reported

ANNUAL REPORT OF MONTHLY $\mathbf{INJECTION}$

for the year ending December 31, 19___



Operator Name: 'TAIRITAVIL OIL PROPERITES LID.	Well Permit No.:	Injection Permit No.
POTROLIA, WT.	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe) Secondary Recovery/Enhanced Recovery/
NON IZO	Location: ENNISKIELEN 19 II AMBIN County Township Lot Conc.	Injection Formation

(3) Where space is insufficient, attach addional forms

INJECTION DATA				AVERAGE DAILY					
Month	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 ³ m ³)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain)	
Jan.									
Feb.									
Mar.									
Apr.									
May									
June									
July									
Aug.									
Sept.									
Oa.				-					
Nov.				3.5 1/0 /2 3					
Dec.				13 X/8 M					
TOTALS		ATER	714TRATION	3,500 M3	250-300 P.S.i	9.5	365	ACTUE	
ATE:									





Annual Report of Monthly Injection for the year 2001

To: the Minister of Natural Resources Form 6

Operator: Greentree Gas & Oil Ltd.	Tel. #519-681-9355 Fax #519-681-	3887
Address 552 Newbold Street		
London, ON N6E 2S5		

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: Rodney Unit 3	Source Pool: Basal
Township: Aldborough	Source Formation: Glacial Gravel/Sand
Tract Lot Concession	Fluid Type: Fresh Water
Well Licence #:	Injection Formation: Dundee
Well Status - Mode*: Active	Injection Pool: Rodney R & R Unit 3
Injection Permit #:	

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

Description of fluid treatment prior to injection: No Treatment

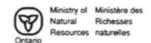
Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	8,262	1,862	31	266.5
Feb	3,316	1,724	28	118
Mar	3,651	1,793	31	118
April	2,422	1,793	30	81
May	2,494	1,724	31	80
June	2,945	1,724	30	98
July	1,696	1,655	30	56
Aug	1,709	1,655	31	55
Sep	2,288	1,517	30	76
Oct	2,537	1,379	31	82
Nov	1,822	1,330	26	70
Dec	1,594	1,034	31	51
Total	34,736		360	

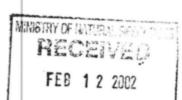
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Duncan Hamilton Date: 02/15/02

RESIDENT Signature:





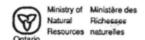


Annual Report of Monthly **Injection** for the year 2001

PETROLEUM RESOURCES

Form 6	Form 6 To: the Minister of Natural Resources						
Operator:	NORTHROCK RESOURCE	S Tel.	#(403):	213-7524 Fax #	(40	3) 269-9104	
Address 3	3500, 400 2ND STREET SI	V					
	CALGARY, AUBGRTA T21	2W2					
	only applies to fluid injection f						
or the latest designation of the latest desi	on wells must be reported and al	l injection must b	Name and Address of the Owner,	THE RESERVE OF THE PARTY OF THE	ifficien	t attach additional forms.	
Well Name			Source Pool:				
	Township: Source Formation:						
Tract	Lot Concession		Fluid Type:				
Well Licer			Injection Formation:				
	s - Mode*:		Injecti	on Pool:			
Injection P					and the facility of		
* As of De	cc. 31 - Active, suspended, aban	doned, testing, po	tential				
Description	n of fluid treatment prior to inje	ction:					
	THE RESIDENCE OF THE PARTY OF T			entropy of the state of the sta			
Month	Volume Injected (m³)	Average Daily Injection Pressu		Days on	Injec (m³/d	tion Rate	
		(kPag at wellhea		Injection	(11170	ay)	
Jan							
Feb							
Mar							
April	FORM N/A	TO NOR	THRO	ck			
May	//						
June	•						
July							
Aug							
Sep							
Oct							
Nov							
Dec							
Total							
					-		
	gned certifies that the above inform	ation is complete a		,	thority	o bind the operator.	
Name: Elisa Cheung Date: 02/11/02 Signature: Position Held: Operations Analyst					02		
Signature: Position Held: Operations Analyst					ons Analyst		
	0						





Annual Report of Monthly **Injection** for the year 2001

Form 6 10: the Minister of Natural Resource	es	
Operator: Pintail Production Inc.	Tel. # 519-472-1542 Fax # 51	9-472-9434
Address: 22687 Jury Road, R.R. #3		
Komoka, Ontario N0N 1R0		
This form only applies to fluid injection for seconda	ry recovery.	
All injection wells must be reported and all injection	must be reported. If space is insufficient	nt attach additional forms.
Well Name: Bluewater etal Plympton 3-20-VI	Source Pool: Brine Ponds. Do	w Chemical Canada

Source Pool: Brine Ponds. Dow Chemical Canada
Source Formation: Salina B Salt
Fluid Type: Cavern-washing brine
Injection Formation: Guelph
Injection Pool: Plympton 5-19-VI

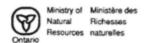
Description of fluid treatment prior to injection: addition of oxygen scavenger and scale inhibitor

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

				MINORAL PROPERTY OF THE PROPER	racanta
Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)	
Jan					
Feb					
Mar					
April					
May					
June					
July					
Aug					
Sept	482.5	0	19	25.4	
Oct	657.4	0	31	21.2	
Nov	1,126.2	0	30	37.5	
Dec	1,087.1	0	31	35.1	
Total	3 353 2		111		

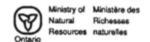
The undersigned certifies that the above information is comple	te and accurate and he/she has authority to bind the operator.
Name: Claudia Cochrane	Date: February 4, 2002
Signature: Caudia Cochranc	





Annual Report of Monthly **Injection** for the year 2001

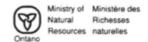
Form 6	Form 6 To: the Minister of Natural Resources						
Operator:	Roth & Roth Limited	,	Tel. #	519-47	72-1542	Fax #	519-472-9434
	22687 Jury Road, R.R. #3						
K	omoka, Ontario N0N 1R0						
	only applies to fluid injection						
COLUMN TO STATE AND ADDRESS.	on wells must be reported and a	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU	ust b	CALL PROPERTY AND ADDRESS.	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN		
	ne: Roth & Roth 4 Johnson 1 E	nn. 31-XIV	-				Dow Chemical Canada
	Enniskillen		_		Formation:		
Tract 4	Lot 31 Concession	n XIV	_		Type: Cavern		
Well Lice			_		on Formation		ph
	us - Mode*: Potential		_	Injection	on Pool: War	nstead	
ALCOHOLD STREET	Permit #: 2001-2			Name and Address		OR BOOK OF THE OWNER,	
* As of Do	ec. 31 - Active, suspended, aban	doned, testing	g, pot	ential			
Descriptio	on of fluid treatment prior to inju	ection:					
Month	Volume Injected (m ³)	Average Da			Days on		jection Rate
		Injection Pressu			Injection	(n	1 ³ /day)
		(kPag at we	llhead	d)			
Jan							
Feb							
Mar							
April							
May							
June							
July							
Aug		1					
Sep							
Oct							
Nov			-				
Dec						_	
Total	Nil				0	-+	
T Out			- Maria Maria	and the same and	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		THE REAL PROPERTY AND ADDRESS OF THE PARTY AND
The undersi	The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.						
Name: (Claudia Cochrane			Date:	February 4,		•
Signature:	Claudic CAC	V7/1 6					



Annual Report of Monthly **Injection** for the year 2001

Form 6	To: the Minister of Natu	ral Resources				
	Roth & Roth Limited	Tel.	# 519-47	72-1542 Fa	x # 519	9-472-9434
Address:						
Ko	moka, Ontario N0N 1R0					
					of the Marine	
	only applies to fluid injection jon wells must be reported and a			ed. If space is ins	ufficie	nt attach additional forms.
Well Name	e: Roth & Roth 4 Johnson 1 Er	nn. 31-XIV	Source	Pool: Brine Pon	ds. Do	w Chemical Canada
Township:	Enniskillen		Source	Formation: Salin	a B Sa	lt
Tract 4	Lot 31 Concessio	n XIV	Fluid 7	Type: Cavern-was	hing b	rine
Well Licer			Injection	on Formation: G	uelph	
	s - Mode*: Potential		Injection	on Pool: Wanstea	d	
THE RESIDENCE OF THE PARTY OF T	Permit #: 2001-2					
* As of De	c. 31 - Active, suspended, abane	doned, testing, po	tential			
Description	n of fluid treatment prior to inje	ection:		A SHARL SELECTION OF THE SECOND		
Month	Volume Injected (m ³)	Average Daily		Days on		tion Rate
		Injection Pressu		Injection	(m ³ /c	day)
You		(kPag at wellhead)			-	
Jan Feb					-	
Mar						
					-	
April					-	
May						
June						
July						
Aug						
Sep						
Oct					-	
Nov						
Dec						
Total	Nil			0		
The undersi	ionad partifies that the shows !- C	notion is complete.	and corre	nto and he/sha has a	tharis	y to hind the energics
	igned certifies that the above inform Claudia Cochrane	nation is complete	Date:			y to bind the operator.
			Date.	1 coluary 4, 2002	•	
Signature:	Claudia Cac	hrane				





Annual Report of Monthly **Injection** for the year ____2001_

MINISTRY OF NATURAL RESOURCES
FOR CEIN FOR

Form 6	To: the Minister of Natural Resou	rces			
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: Guelph
Tract Lot 41 Concession NB	Fluid Type: Salt Water
Well Licence #: 1063	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

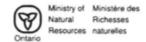
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection: N/A	

Month	Volume Injected (m³)	Average Daily	Days on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
Jan	2206.39	0	31	71.17
Feb	2415.00	0	28	86.25
Mar	2435.99	0	31	78.58
April	2172.00	0	30	72.40
May	1888.00	0	31	60.90
June	1795.00	0	30	59.83
July	1755.06	0	31	56.61
Aug	971.74	0	31	31.35
Sep	1791.91	0	30	59.73
Oct	1959.06	0	31	63.20
Nov	1954.76	0	30	65.16
Dec	2381.32	0	31	76.82
Total	23,726.23		365	65.00

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

Name: Madeline Brett	Date: January 23, 2002
Signature: Mudeline In Brett	Position: President



Annual Report of Monthly **Injection** for the year _____2001_

FEB 1 4 2002

MINISTRY OF NATURAL RESOURCES

. JUNEAN RESOURCES

Form 6	Form 6 To: the Minister of Natural Resources								
Operator:	Cameron Petroleum Inc.	To	el. # 657-9	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 r	ecovery.				,		
-	on wells must be reported and a	THE RESERVE AND ADDRESS.	water the state of	THE RESERVE OF THE PARTY OF THE		ient attach a	additional forms.		
	e: Robert McMaster & Sons -	Gobles 2	Source		Gobles				
Township:				Formatio	n:				
Tract	Lot 19 Concession	1	Fluid 7						
Well Licer				on Format	ion:				
	s - Mode*: Suspended		Injection	on Pool:					
Injection F									
* As of De	ec. 31 - Active, suspended, abar	doned, testing,	potential						
Descriptio	n of fluid treatment prior to inje	ection:							
							9		
Month	Volume Injected (m ³)	Average Dail		Days on		jection Rate	e		
		Injection Pres (kPag at well)		Injection	(1	m³/day)	- 1		
Jan	NIL	NIL.		NI	L		NIL		
Feb									
Mar									
April									
May									
June		1			_	-	+		
July						_	1		
Aug		 			_	-	 		
Sep		 			_		+		
Oct									
Nov		 							
Dec									
Total		 					<u> </u>		
70111	V						V		
The undersi	gned certifies that the above infor	nation is complete				ity to bind th	e operator.		
Name: Madeline Brett Date: January 23, 2002									
Signature:	Signature: President Position: President								





Form 6

Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

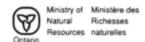
FEB 1 4 2002

Annual Report of Monthly **Injection** for the year ____2001_

PETROLEUM RESOURCES

Operator:	Cameron Petroleum Inc.		Tel. #	657-93	04	Fax	#	657-3633
Address	P.O. Box 20109, 431 Boler l	Road						
	London, Ontario N6K 4G6							
	only applies to fluid injection							
THE RESERVE AND ADDRESS OF THE PARTY OF THE	on wells must be reported and a						fici	ent attach additional forms.
	e: Robert McMaster & Sons	- Gobles 4		Source P		Gobles		
Township:				Source F		on:		
Tract	Lot 22 Concession	1		Fluid Ty				
Well Licer				njection		tion:		
Well Statu	s - Mode*: Suspended		I	njection	Pool:			
Injection P	ermit #:							
* As of De	c. 31 - Active, suspended, aban	doned, testii	ng, poten	ntial				
Description	n of fluid treatment prior to inje	ection:						
			-					
							_	
	h	Τ		Т-			-	
Month	Volume Injected (m ³)	Average I						jection Rate 1 ³ /day)
		Injection I (kPag at w			injectio	n	(11	1/day)
Jan	NIL		NĮL		N	IL	_	NIL
Feb				_				
Mar			+	-				
April		-	+	_			_	
May			+	-			_	
June		-	+	-+		-	_	
July			-	-			_	
			-	-		-	_	
Aug			+				_	
Sep							_	
Oct								
Nov								
Dec								
Total	▼		*					▼
	gned certifies that the above inform	nation is com					ori	ty to bind the operator.
Name:	Madeline Brett					23, 2002		
Signature:	Madeline m Bu	I	P	Position:	Pres	sident		
	The same of the same	7					\forall	





MINISTRY OF NATURAL RESOURCES PECEIVED FEB 1 4 2002

PETROLEUM RESOURCES

Annual Report of Monthly **Injection** for the year ____2001

Form 6 To: the Minister of Natural Resources Operator: Cameron Petroleum Inc. Tel. # 657-9304 Fax # 657-3633 P.O. Box 20109, 431 Boler Road Address 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 7 Source Pool: Gobles Source Formation: Township: Burford Tract 3 19 Concession 1 Fluid Type: Lot Well Licence #: 1025 Injection Formation: Well Status - Mode*: Suspended Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Average Daily Month Volume Injected (m³) Injection Rate Days on Injection Pressure Injection (m3/day) (kPag at wellhead) NIL NĮL NIL NIL Jan Feb Mar April May June July Aug Sep Oct Nov Dec Total

The undersigned certifies that the above information is complete a	nd accurate and he/she has authority to bind the operator.
Name: Madeline Brett	Date: January 23, 2002
Signature Madeline n Brets	Position: President





MINISTRY OF NATURAL RESOURCES RECEIVED

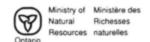
FEB 1 4 2002

Annual Report of Monthly **Injection** for the year ____2001_

PETROLEUM RESOURCES

Form 6	To: the M	finister of Natu	ral Resources	S					
Operator:								657-3633	
Address		09, 431 Boler R	load						
	London, Ontai	rio N6K 4G6							
	only applies to for				ad Ifena	oo ie ineufl	301	ant attach ac	Iditional forms
Well Name	the first own to the latest the same that the	#31 Gobles 20			e Pool:	Goble	=	ent attach ac	iditional forms.
Township:		#31 Gooles 20			e Formation		2		
Tract 7		Concession	1	Fluid			_		
Well Licen	nce #: 1287				on Forma	tion:	\forall		
Well Statu	s - Mode*: S	Suspended		Inject	on Pool:		\neg		
Injection P	ermit #:						\neg		
* As of De	c. 31 - Active, su	spended, aband	doned, testing	g, potential			7		
							_		
Description	n of fluid treatme	ent prior to injec	ction:						
							4		
							+		
Manda	Malama Inicata	4 (3)	A.uama aa Da	:1	Davis	. 1	Yes	antion Data	
Month	Volume Injecte	d (m°)	Average Da Injection Pr		Days or Injectio			ection Rate 3/day)	
			(kPag at we		Injectio)T	/day)	
Jan	NI	L			NIL			ŅIL	
Feb									
Mar									
April									
May									
June									
July									
Aug									
Sep	x.								
Oct									
Nov									
Dec									
Total	•	7	,	*	1	7		•	7
									,
771					ata and ba/	ha harand		er to blad the	
Name:	The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: Madeline Brett Date: January 23, 2002								
	0		1				-		
Signature: Mukeline hostiff Position: President									
	-								





FEB 1 4 2002

PETROLEUM RESOURCES

Annual Report of Monthly **Injection** for the year ____2001_

Operator: Cameron Petroleum Inc. Tel. # 657-9304 Fax # 657-3633	Form 6	To: the N	Minister of Natu	ıral Resourc	es						
London, Ontario N6K 4G6	_								#	657-3633	
This form only applies to fluid injection for secondary recovery. All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms. Well Name: Kewanee 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 #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (RPag at wellhead)	Address			Road							
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 #: * 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) Injection Injection Rate (m³/day)		London, Onta	rio N6K 4G6								
Well Name: Kewanee Gobles 24	This form	only applies to f	Iuid injection J	for seconda	ry reco	very.					
Township: Blenheim										dditional forms.	
Tract			e Gobles 24						es		
Well Licence #: 1492 Injection Formation: Well Status - Mode*: Suspended Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month								on:	_		
Well Status - Mode*: Suspended Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Injection Inject			Concession	1							
Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month								ition:	_	-	
* As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month			spended			Injection	on Pool:		_	-	
Description of fluid treatment prior to injection: Month									_		
Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Injection Injection Rate (m³/day)	* As of D	ec. 31 - Active, si	uspended, aban	doned, testi	ng, pot	ential					
Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Injection Injection Rate (m³/day)	Description	on of fluid treatme	ent prior to inie	ction:		Statement beauty			-		
Injection Pressure (kPag at wellhead)	Description	on or nuid treatme	ent prior to inje	ction.					-		
Injection Pressure (kPag at wellhead)											
Injection Pressure (kPag at wellhead)											
(kPag at wellhead)	Month	Volume Injecte	ed (m³)	Average I	Daily		Days or	n T	Ir	jection Rate	
Jan NIL NIL <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Injectio</td> <td>n</td> <td>(n</td> <td>n³/day)</td> <td>- 1</td>							Injectio	n	(n	n ³ /day)	- 1
Feb Mar April ————————————————————————————————————									,		
Mar April May Image: Control of the control of		NI	L		NIL		N	IL		1	VIL
April May June Image: Control of the control of											
May June July Sep Oct Nov Dec Dec											
June July Aug Sep Oct Nov Dec Oct											
July Aug Sep Oct Nov Dec	-										
Aug Sep Oct Nov Dec Oct	June										
Sep Oct Nov Dec	July										
Oct Nov Dec Dec	Aug										
Nov Dec Dec	Sep										
Dec	Oct										
	Nov										
Total + +	Dec										
	Total	,	,	,	*		,	V		,	•

The undersigned certifies that the above information is complete and accurate and needs has authority to only the operator.									
Name: Madeline Brett	Date: January 23, 2002								
Signature: Madeline Whiel	Position: President								





Annual Report of Monthly **Injection** for the year _____2001_

MINISTRY OF NATURAL RESOURCES

PEB 1 4 2002

for the year ______2001_ PETROLEUM RESOURCES

Form 6	rm 6 To: the Minister of Natural Resources						LOW HESOUNCES
Operator:	Cameron Petroleum Inc.	Tel.	# 657-9	304	Fax #	657-3633	
Address	idress P.O. Box 20109, 431 Boler Road						
	London, Ontario N6K 4G6		-				
	only applies to fluid injection on wells must be reported and a			d. If space is	insuffici	ient attach ac	dditional forms.
Well Name			Source		bles Poo		
Township:				Formation:			
Tract 7		1	Fluid T	ype:			
Well Licer	nce #: 1909		Injectio	n Formation	:		
Well Statu	s - Mode*: Suspended		Injectio	n Pool:			
Injection P	ermit #:						
* As of De	c. 31 - Active, suspended, aban	doned, testing, por	tential				
Description	n of fluid treatment prior to inje	ection:					
Description	The state of the s						
							2
Month	Volume Injected (m ³)	Average Daily		Days on		ection Rate	
		Injection Pressu (kPag at wellhea		Injection	(n	13/day)	
Jan	NIL	NIL	10)	NIL	\rightarrow	N	NIL
Feb		1		171			
Mar		 			_		
April					_		
May		-			_		
June		 			_		
July					_		
Aug		-			_		
Sep		-			_		
Oct		-			-		
Nov		-			_		
Dec							
Total	—	 				,	
		•		Name and Address of the Owner, where the	-		·
	gned certifies that the above inform	nation is complete a				ty to bind the	operator.
Name:	Madeline Brett	/	Date:	January 2	3, 2002		
Signature 2	Middlene mB	rell	Positio	n: Presider	ıt		





FEB 1 4 2002

MATHRAL DECOLIRCES

Annual Report of Monthly Injection for the year _____2001

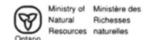
PETROLEUM RESOURCES

To: the Minister of Natural Resources Form 6

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

ridaless	1.0. Box 20109, 431 Box								
	London, Ontario N6K 40	THE RESERVE OF THE PARTY OF THE							
	n only applies to fluid injection wells must be reported and			ed. If space is i	nsufficien	nt attach additional forms.			
Well Nan	ne: Kewanee Gobles 42				bles				
Township: Burford Source Formation:									
Tract Lot 18 Concession 2 Fluid Type:									
Well Lice				ion Formation:					
	us - Mode*: Suspended		Injecti	ion Pool:					
Injection	Permit #:								
* As of D	ec. 31 - Active, suspended, ab	andoned, testing	g, potential						
D 1.1	60.11.				-				
Description	on of fluid treatment prior to it	njection:							
					-				
Month	Volume Injected (m³)	Average Da	aily	Days on I		ction Rate			
		Injection Pr	Injection Pressure		(m^3/m^3)	day)			
	NIII	(kPag at we							
Jan	NIL	N	<u>T</u>	NIL		NIL			
Feb					\rightarrow				
Mar					\rightarrow				
April									
May									
June									
July									
Aug									
Sep									
Oct									
Nov									
Dec									
Dec									

The undersigned certifies that the above information is complete and accurate and nersile has authority to only the operator.									
Name: Madeline Brett	Date: January 23, 2002								
Signature: Madeline In Brett	Position: President								



Form 6

Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

Annual Report of Monthly **Injection** for the year ____2001

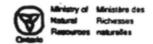
MINISTRY	OF NATURAL RESOURCES
R	CEIVED

FEB 1 4 2002

PETROLEUM RESOURCES

Operator:	D.O. Por 201		and .	Tel.	# 65/-9	7304	rax	. #	05/-3033	
Address	ress P.O. Box 20109, 431 Boler Road London, Ontario N6K 4G6									
	THE RESERVE THE PARTY OF THE PA									
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	e: Imperial Ke	wanee Gobles 4	15		Source	Pool:	Gobl	es		
Township:	Burford				Source	Formatio	on:			
Tract 3	Lot 7	Concession	1		Fluid T	ype:				
Well Licen	nce #: 1719				Injection	on Forma	tion:			
Well Statu	s - Mode*:	Suspended			Injection	on Pool:				
Injection P	ermit #:									
* As of De	c. 31 - Active, su	ispended, aband	doned, testir	ıg, pot	ential					
Description	n of fluid treatme	ent prior to injec	ction:							
				and the same of						
Month	Volume Injecte	ed (m³)	Average D Injection F	ressu	essure Injection				njection Rate (m³/day)	
Jan	NI	T	(kPag at w	vellhea VIL	d)	N	II			,,,,
	NI	L	1	111		NIL			NIL	
Feb				+-						
Mar				+						
April				+-						
May				+						
June				-						
July										
Aug										
Sep										
Oct										
Nov										
Dec										
Total	1	7		*		· ·	7			7
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.										
	Name: Madeline Brett Date: January 23, 2002									
Signature: Modeline & Dieth Position: President										





Annual Report of Monthly Injection

for the year 2001

MINISTRY OF NATURAL RESOURCES

FEB 1 4 2002

PETROLEU-FILSOUNCES

Form 6 To: the Minister of Natural Resources	
Operator: LONNIE BARNES To	el. #519-834-2339 Fax # 519-834-2155
Address 2581 DURYEE ST	
OIL SPRINGS, ON , NON 190	
This form only applies to fluid injection for secondary and All injection wells must be reported and all injection mu	recovery. st be reported. If space is insufficient attach additional forms.
Well Name: BARNES FW #1-18	Source Pool:
Township: ENNISKILLEN	Source Formation: 248
Tract Lot 18 Concession 2-1	Fluid Type: FRESH WATER
Well Licence #: SEE ATTACHED LIST	Injection Formation: DUNDEE
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: N/A	

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

Description of fluid treatment prior to injection:	TO MATERIAL TO SERVICE AND ADDRESS OF THE PARTY OF THE PA
pond settling	

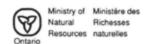
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	1410.50	2756.92 KA9	31	45.5
Feb	1274.00	(400 PSI)	28	
Mar	1410.50		31	
April	1365.00		30	
May	1410-50		31	э.
June	1365.00	1	30	
July	1410.50		31	
Aug	19-10-SO		31	
Sep	1365.00		30	
Oct	1410.50		31	
Nov	1365.00		30	
Dec	1410.50		31	
Total	16 607.50	2756-92 KPag	365	16,607.50

The undersigned certifies that the above information is complete a	and accurate and he/she has authority to bind the operator.
Name: DONNA BARNES	Date: fel- 9/02
Signature: Donna Barnes	



Injection Wells (all active)

Well Name	Well Licence
Barnes FW # 1,Enniskillen-18-2	T010215
Barnes FW # 2, Enniskillen-18-2	T010216
Barnes FW # 3,Enniskillen-18-2	T010217
Barnes FW # 4, Enniskillen-18-2	T010218
Barnes FW # 5,Enniskillen-18-2	T010219
Barnes FW # 6, Enniskillen-18-2	T010220
Barnes FW # 7, Enniskillen-18-2	T010221
Barnes FW # 8, Enniskillen-18-2	T010179
Barnes FW # 9,Enniskillen-18-2	T010180
Barnes FW #10, Enniskillen-18-2	T010181
Barnes FW #11,Enniskillen-18-2	T010253
Barnes FW #12, Enniskillen-18-1	T010182
Barnes FW #13, Enniskillen-18-1	T010183
Barnes FW #14, Enniskillen-18-1	T010184
Barnes FW #15, Enniskillen-18-1	T010185
Barnes FW #16, Enniskillen-18-1	T010186
Barnes FW #17,Enniskillen-18-1	T010187
Barnes FW #18, Enniskillen-18-1	T010188



Annual Report of Monthly **Injection** for the year 2001

Onereter		ral Resources				
	Kinetic Energy Inc.	Te	1. # (519)	433-7710	Fa	x # (519) 433-7588
Address:	200 Queens Ave., Suite 200					
	London, On. N6A 1J3					
	only applies to fluid injection for					
	on wells must be reported and all	injection must	be reporte	d. If space is in	sufficie	ent attach additional forms
Well Name			Source			
Township:			_	Formation:		
Tract	Lot Concession		Fluid T			
Well Licen				on Formation:		
Well Status			Injection	on Pool:		
Injection P	Allowed the street of the stre					
* As of De	ec. 31 - Active, suspended, abanc	doned, testing, p	ootential			
Description	n of fluid treatment prior to inject	ction:				
Month	Volume Injected (m³)	Average Daily	,	Dave or	Ter.	ection Rate
Month	volume injected (m)	Injection Pres				/day)
		(kPag at wellh				(aug)
Jan	NIL REPORT	-				
Feb						
Mar						
April						
May						
June						
July						
Aug						
Sep					+	
Oct					_	
Nov					_	
Dec					_	
Total						
	igned certifies that the above inform	ation is complete				ty to bind the operator.
Name:	John E. Owan		Date:	February 15,	2002	
					C1 . C	Operating Officer



Ministry of Natural Resources

tor Name:

FORM 109

Petroleum Resources Act

Well Permit No .:

annual report of monthly $\mathbf{INJECTION}$

for the year ending December 31, 2001

CHATHAM RESOURCES LTD.

NSTRY OF A TOTAL OF TOESS PRECING A TOTAL
FE8 0 5 2002
P
PETROLEUM RESOURCES

Injection Permit No.

				1					
:ss:	20 Jackson St. W., Ste. 410 Hamilton, ON			Well Name:				Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)	
	L95	1 L 2		Location:				Injection Formation	
					County	Township Lot	Conc.		
(I) A	Il injection wells opera	ted must herreported	(2) All injection mu	ust be report	ed (3) Where space	is insufficient, attach addio	onal forms.		
		INJECTION	NDATA					AVERAGE DAILY	
h	Fluid Source	Fluid Type	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 -explain)
	WE H	AVE NO WATER I	JECTION WE	LLS, TH	EREFORE, NO B	RINE WATER WAS	INJECTED	DURING THE YEAR	
							,		
					A				
	+								

February 1, 2002

SIGNATURE: