



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

Form 6

To: the Minister of Natural Resources

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 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 <sup>3</sup> )	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

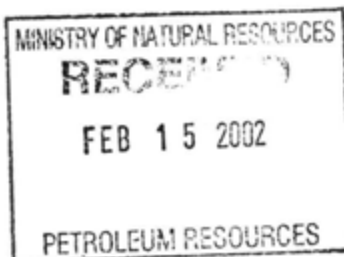
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Donna Barnes	Date: April 2, 2009
Signature: <i>Donna Barnes</i>	





## Annual Report of Monthly Injection for the year 2001



Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 237-4981	Fax # (403) 231-2816
Address 2400 888 3 <sup>rd</sup> 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:

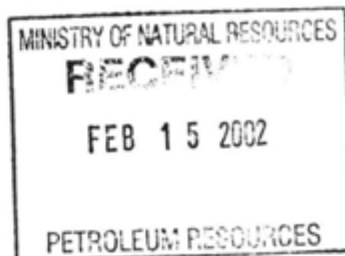
Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	2510.0	1781	744	81.0
Feb	1776.0	1732	672	63.4
Mar	1772.0	1563	744	57.2
April	1810.0	1567	720	60.3
May	2165.0	1782	744	69.8
June	2096.0	1890	720	69.9
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

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 8, 2002
Signature: <i>Heather Harker</i>	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	Fax # (403) 231-2816
Address 2400 888 3 <sup>rd</sup> 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.

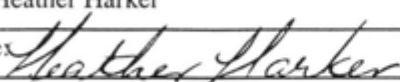
Well Name: Mersea 6-23-VII	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 6 Lot 23 Concession VII	Fluid Type: Oilfield Brine
Well Licence #:	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

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

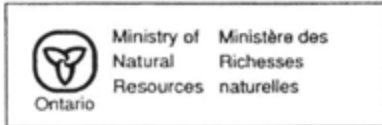
Description of fluid treatment prior to injection:

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m <sup>3</sup> /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

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 8, 2002
Signature: 	Position Held: Canadian Operation Accountant





Oil, Gas and Salt Resources Act  
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 Name:	Imperial Becher 77	Source Pool:	Sydenham River & Production
Township:	Sombra	Source Formation:	Salina - A 1 Unit
Tract: 6 Lot: 9 Concession: 5		Fluid Type:	Fresh & Salt Water
Well Licence #:	945	Injection Formation	A 1 Salina - Silurian
Well Status - Mode*:	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 (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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

Name:	per: Jane Lowrie	Date:	14.Feb.02
Signature:		Position Held:	President







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for the year 2001

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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 Becher 76 I.W.(853)H. Johnston 1	Source Pool:	Sydenham River & Production				
Township:	Sombra	Source Formation:	Salina - A 1 Unit				
Tract:	6	Lot:	9	Concession:	5	Fluid Type:	Fresh & Salt Water
Well Licence #:	1637	Injection Formation	A 1 Salina - Silurian				
Well Status - Mode*:	Suspended	Injection Pool:	West Becher Unit				
Injection Permit #:	Order in Council - 17.Apr.63						

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

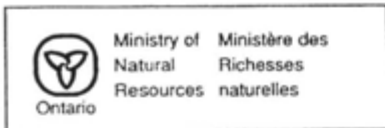
Description of fluid treatment prior to injection:	chlorine, biocidem corrosion inhibitor, coagulant, filtered

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

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

Name:	per: Jane Lowrie	Date:	14.Feb.02
Signature:		Position Held:	President





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To the Minister of Natural Resources

Operator	Clearbeach Resources Inc.	Tel. #	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit 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:	Sydenham River & Production				
Township:	Sombra	Source Formation:	Salina - A 1 Unit				
Tract:	1	Lot:	8	Concession:	5	Fluid Type:	Fresh & 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

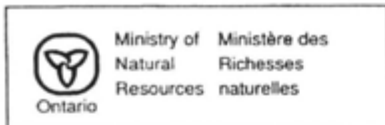
Description of fluid treatment prior to injection:	chlorine, biocidem corrosion inhibitor, coagulant, filtered

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

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

Name:	per: Jane Lowrie	Date:	14.Feb.02
Signature:		Position Held:	President





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To the Minister of Natural Resources

Operator	Clearbeach Resources Inc.	Tel. #	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit 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 - Johnston 2	Source Pool:	Sydenham River & Production				
Township:	Sombra	Source Formation:	Salina - A 1 Unit				
Tract:	2	Lot:	9	Concession:	5	Fluid Type:	Fresh & Salt Water
Well Licence #:	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 (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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

Name:	per: Jane Lowrie	Date:	14.Feb.02
Signature:		Position Held:	President





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Operator	Clearbeach Resources Inc.	Tel. #	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit C - 309 Commissioners Road West,				
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All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

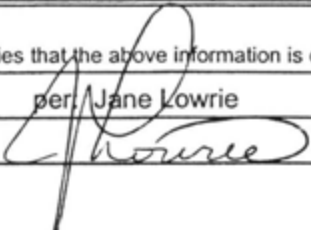
Well Name:	Imperial Oil 196 - Becher 33 - Griffith 1	Source Pool:	Sydenham River & Production				
Township:	Sombra	Source Formation:	Salina - A 1 Unit				
Tract:	8	Lot:	8	Concession:	6	Fluid Type:	Fresh & Salt Water
Well Licence #:	8600	Injection Formation	A 1 Salina - Silurian				
Well Status - Mode*:	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

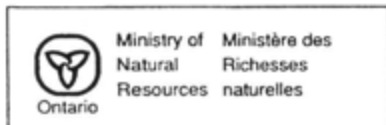
Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total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

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

Name:	per. Jane Lowrie	Date:	14.Feb.02
Signature:		Position Held:	President







Oil, Gas and Salt Resources Act  
Annual Report for Monthly Injection  
for the year 2001

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To the Minister of Natural Resources

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

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

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

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

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

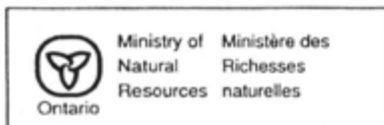
Description of fluid treatment prior to injection:	floculation, settling pond

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

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

Name:	per: Jane Lowrie	Date:	14.Feb.02
Signature:		Position Held:	President





Oil, Gas and Salt Resources Act

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 Name:	Bluewater Dunwich 1-23-I	Source Pool:	Thames River
Township:	Dunwich	Source Formation:	Not applicable
Tract: 1 Lot: 23 Concession: 1		Fluid Type:	Fresh Water
Well Licence #:	2644	Injection Formation:	Cambrian
Well Status - Mode*:	Suspended	Injection Pool:	Willey
Injection Permit #:	Energy Board Order 41		

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

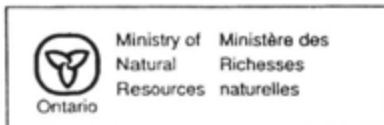
Description of fluid treatment prior to injection:	floculation, settling pond

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

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

Name:	per: Jane Lowrie	Date:	14.Feb.02
Signature:		Position Held:	President





Oil, Gas and Salt Resources Act  
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 Name:	Dolphin I.U.P. No. 2	Source Pool:	Thames River
Township:	Dunwich	Source Formation:	Not applicable
Tract: 5 Lot: 22 Concession: 1		Fluid Type:	Fresh Water
Well Licence #:	2967	Injection Formation:	Cambrian
Well Status - Mode*:	Abandoned	Injection Pool:	Willey
Injection Permit #:	Energy Board Order 41		

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

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

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

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

Name:	per: Jane Lowrie	Date:	14.Feb.02
Signature:		Position Held:	President





Annual Report for Monthly Injection  
for the year 2001

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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:	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*:	Abandoned	Injection Pool:	Wiley
Injection Permit #:	Energy Board Order 41		

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

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

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

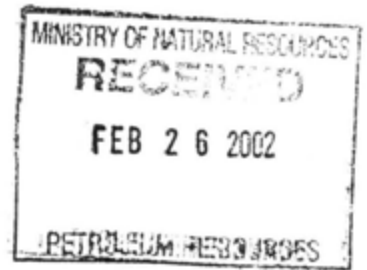
Name:	per/ Jane Lowrie	Date:	14.Feb.02
Signature:		Position Held:	President







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



Form 6 To: the Minister of Natural Resources

Operator: Range Petroleum Corporation	Tel. # (403) 264-8771	Fax # (403) 266-1927
Address #900, 736-6 <sup>th</sup> Avenue S.W. Calgary, AB		
T2P 3T7		

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

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

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

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

Description of fluid treatment prior to injection:

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

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

Name: B.W. Gornik	Date: 02/22/02
Signature:	Position Held: Vice-President, Production





Ministry of Natural Resources  
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act  
Annual Report of Monthly **Injection**  
For the year **2001**

Form 6 To: the Minister of Natural Resources

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

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

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

Description of fluid treatment prior to injection:
Water is filtered

Month	Volume Injected (m3)	Average Daily Injection Pressure kPag	Days on Injection	Injection Rate (m3/day)
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			

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

Name:	Jim McIntosh	Date:	15-Feb-02
Signature:		Position Held:	Manager, Ontario Operations





Ministry of Natural Resources  
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act

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

Form 6 To: the Minister of Natural Resources

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:	Aldbrough		Source Formation:	Glacial drift
Tract	Lot	Concession	Fluid Type:	Fresh Water
Well Licence #			Injection Formation:	Columbus
Well Status - Mode*:			Injection Pool:	Rodney Unit 2
Injection Permit #:				

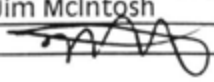
\* As of Dec 31 - Active, suspended, abandoned, testing, potential

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

Month	Volume Injected (m3)	Average Daily Injection Pressur kPag	Days on Injection	Injection Rate (m3/day)
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 activated.

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

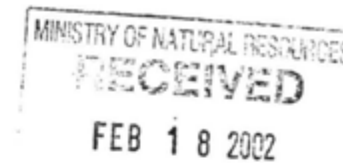
Name:	Jim McIntosh	Date:	15-Feb-02
Signature:		Position Held:	Manager, Ontario Operations





ANNUAL REPORT OF MONTHLY **INJECTION**

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



Operator Name: Chomut FAIRBANK oil PROPERTIES LTD.	Well Permit No.:	Injection Permit No.
Address: P.O. Box 10 PETROLIA, ONT. N0N 1R0	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe) <b>SECONDARY RECOVERY</b>
	Location: 64MB12W County   EWNISKILLW Township   19 Lot   II Conc.	Injection Formation <b>DUNDEE</b>

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

INJECTION DATA					AVERAGE DAILY			
Month	Fluid Source	Fluid Type	Fluid Treatment Prior to Injection	Volume Injected (10 <sup>3</sup> m <sup>3</sup> )	Inj. Pressure (kPa)	Inj. Rate (m <sup>3</sup> /day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
Jan.								
Feb.								
Mar.								
Apr.								
May								
June								
July								
Aug.								
Sept.								
Oct.								
Nov.				3.5 x 10 <sup>3</sup>				
Dec.								
TOTALS	Produced WATER		FILTRATION	3,500 m <sup>3</sup>	250-300 p.s.i.	9.5	365	Active

DATE: Feb 14/02

SIGNATURE:

*Cliff F...*







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

Form 6 To: the Minister of Natural Resources

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.

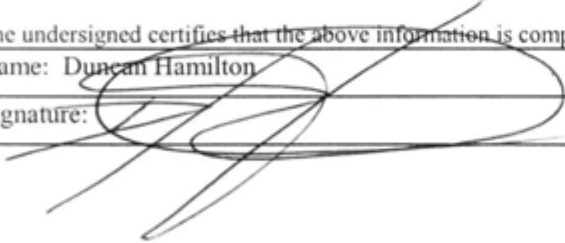
Well Name: Rodney Unit 3	Source Pool: Basal
Township: Aldborough	Source Formation: Glacial Gravel/Sand
Tract Lot Concession	Fluid Type: Fresh Water
Well Licence #:	Injection Formation: Dundee
Well Status - Mode*: Active	Injection Pool: Rodney R & R Unit 3
Injection Permit #:	

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

Description of fluid treatment prior to injection: No Treatment

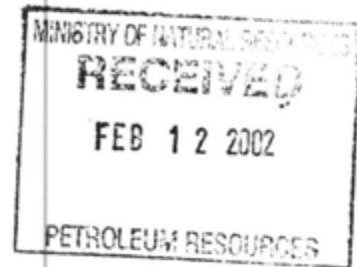
Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	8,262	1,862	31	266.5
Feb	3,316	1,724	28	118
Mar	3,651	1,793	31	118
April	2,422	1,793	30	81
May	2,494	1,724	31	80
June	2,945	1,724	30	98
July	1,696	1,655	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
Signature: 	PRESIDENT

RECEIVED  
FEB 18 2002





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

Form 6

To: the Minister of Natural Resources

Operator: <u>NORTHROCK RESOURCES</u>	Tel. # <u>(403) 213-7524</u> Fax # <u>(403) 269-9104</u>
Address <u>3500, 900 2ND STREET SW</u>	
<u>CALGARY, ALBERTA T2P 2W2</u>	

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

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

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

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

Description of fluid treatment prior to injection:

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

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

Name: <u>Elisa Cheung</u>	Date: <u>02 / 11 / 02</u>
Signature: <u>[Signature]</u>	Position Held: <u>Operations Analyst</u>





## Annual Report of Monthly Injection for the year 2001

Form 6

To: the Minister of Natural Resources

Operator: Pintail Production Inc.	Tel. # 519-472-1542	Fax # 519-472-9434
Address: 22687 Jury Road, R.R. #3 Komoka, Ontario N0N 1R0		

*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 et al Plympton 3-20-VI	Source Pool: Brine Ponds. Dow Chemical Canada
Township: Plympton	Source Formation: Salina B Salt
Tract 3 Lot 20 Concession VI	Fluid Type: Cavern-washing brine
Well Licence #: 5393	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool: Plympton 5-19-VI
Injection Permit #: 2001-1	

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

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

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /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 complete and accurate and he/she has authority to bind the operator.

Name: Claudia Cochran	Date: February 4, 2002
Signature: <i>Claudia Cochran</i>	





## Annual Report of Monthly Injection for the year 2001

Form 6 To: the Minister of Natural Resources

Operator: Roth & Roth Limited	Tel. # 519-472-1542	Fax # 519-472-9434
Address: 22687 Jury Road, R.R. #3 Komoka, Ontario N0N 1R0		

*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: Roth & Roth 4 Johnson 1 Enn. 31-XIV	Source Pool: Brine Ponds. Dow Chemical Canada
Township: Enniskillen	Source Formation: Salina B Salt
Tract 4 Lot 31 Concession XIV	Fluid Type: Cavern-washing brine
Well Licence #: 8571	Injection Formation: Guelph
Well Status - Mode*: Potential	Injection Pool: Wanstead
Injection Permit #: 2001-2	

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

Description of fluid treatment prior to injection:

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

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

Name: Claudia Cochran	Date: February 4, 2002
Signature: <i>Claudia Cochran</i>	







## Annual Report of Monthly Injection for the year 2001

Form 6

To: the Minister of Natural Resources

Operator: Roth & Roth Limited	Tel. # 519-472-1542	Fax # 519-472-9434
Address: 22687 Jury Road, R.R. #3 Komoka, Ontario N0N 1R0		

*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: Roth & Roth 4 Johnson 1 Enn. 31-XIV	Source Pool: Brine Ponds. Dow Chemical Canada
Township: Enniskillen	Source Formation: Salina B Salt
Tract 4 Lot 31 Concession XIV	Fluid Type: Cavern-washing brine
Well Licence #: 8571	Injection Formation: Guelph
Well Status - Mode*: Potential	Injection Pool: Wanstead
Injection Permit #: 2001-2	

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

Description of fluid treatment prior to injection:

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

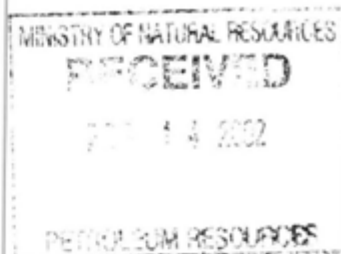
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Claudia Cochrane	Date: February 4, 2002
Signature: <i>Claudia Cochrane</i>	





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
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 (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
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

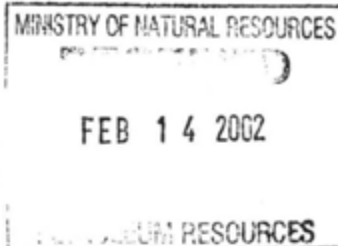
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

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





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
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: 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 #:	

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

Description of fluid treatment prior to injection:

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

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

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





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

FEB 14 2002

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.

Well Name: Robert McMaster & Sons - Gobles 4	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 22 Concession 1	Fluid Type:
Well Licence #: 149	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 (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total	▼	▼	▼	▼

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

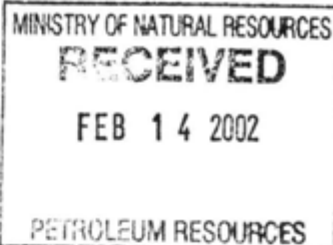
Name: Madeline Brett	Date: January 23, 2002
Signature: <i>Madeline M Brett</i>	Position: President







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
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: Robert McMaster & Sons - Gobles 7	Source Pool: Gobles
Township: Burford	Source Formation:
Tract 3 Lot 19 Concession 1	Fluid Type:
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:

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

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

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





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
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 1	Fluid Type:
Well Licence #: 1287	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 (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total	▼	▼	▼	▼

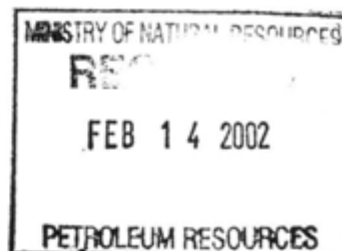
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

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





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
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 #:	

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

Description of fluid treatment prior to injection:

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

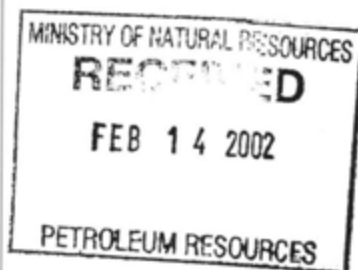
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Madeline Brett	Date: January 23, 2002
Signature: <i>Madeline M Brett</i>	Position: President





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
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
Township: Blenheim	Source Formation:
Tract 7 Lot 16 Concession 1	Fluid Type:
Well Licence #: 1909	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 (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total	↓	↓	↓	↓

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

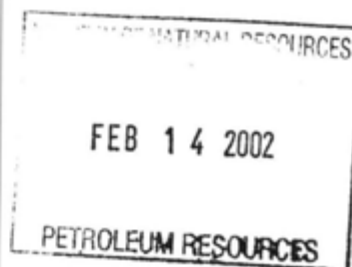
Name: Madeline Brett	Date: January 23, 2002
Signature: <i>Madeline M Brett</i>	Position: President







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
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 42	Source Pool: Gobles
Township: Burford	Source Formation:
Tract Lot 18 Concession 2	Fluid Type:
Well Licence #: 1916	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:

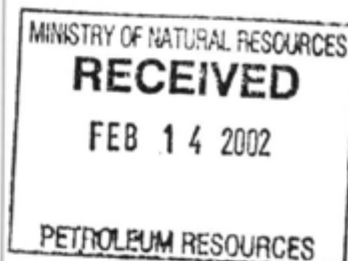
Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total	↓	↓	↓	↓

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

Name: Madeline Brett	Date: January 23, 2002
Signature: <i>Madeline M Brett</i>	Position: President



# 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
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.

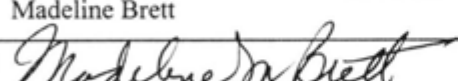
Well Name: Imperial Kewanee Gobles 45	Source Pool: Gobles
Township: Burford	Source Formation:
Tract 3 Lot 7 Concession 1	Fluid Type:
Well Licence #: 1719	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

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

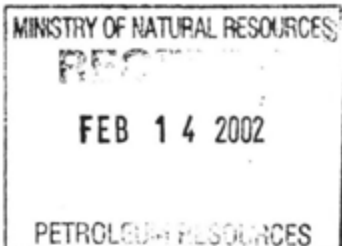
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

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





Annual Report of Monthly Injection  
for the year 2001



Form 6 To: the Minister of Natural Resources

Operator: LONNIE BARNES	Tel. # 519-834-2339 Fax # 519-834-2155
Address 2581 DURYEE ST	
OIL SPRINGS, ON, N0N 1P0	

*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 #1-18	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:
pond settling

Month	Volume Injected (m <sup>3</sup> )	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m <sup>3</sup> /day)
Jan	1410.50	2756.92 kPag	31	45.5
Feb	1274.00	(400 PSI)	28	
Mar	1410.50		31	
April	1365.00		30	
May	1410.50		31	
June	1365.00		30	
July	1410.50		31	
Aug	1410.50		31	
Sep	1365.00		30	
Oct	1410.50		31	
Nov	1365.00		30	
Dec	1410.50		31	
Total	16607.50	2756.92 kPag	365	16,607.50

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

Name: DONNA BARNES	Date: Feb. 9/02
Signature: Donna Barnes	



**Injection Wells**  
(all active)

<b>Well Name</b>	<b>Well Licence</b>
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

Form 6

To: the Minister of Natural Resources

Operator: Kinetic Energy Inc.	Tel. # (519) 433-7710	Fax # (519) 433-7588
Address: 200 Queens Ave. , Suite 200		
London, On. N6A 1J3		

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

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

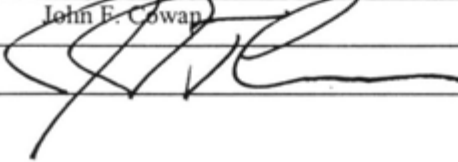
Well Name:	Source Pool:
Township:	Source Formation:
Tract      Lot      Concession	Fluid Type:
Well Licence #:	Injection Formation:
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

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

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

Name: John E. Cowan	Date: February 15, 2002
Signature: 	Position Held: V.P., Chief Operating Officer





