

Annual Report of Monthly Injection for the year 2002 amended

Form 6 To: the Minister of Natural Resource	ces	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	

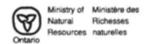
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	
Settling in pond	

Month	Volume Injected (m³)	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: Donna Barnes



MINISTRY OF NATURAL RESOURCES
RECEIVE

Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection for the year ______2002_

Form 6 To: the Minister of Natural Resources

To the manual or manual	110000.000
Operator: Lonnie Barnes	Tel. # 519-834-2339 Fax #519-834-2155
Address Box 242, 2581 Duryee St.	
Oil Springs, ON NON 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 ft.	
Tract Lot 18 Concession 2	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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/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		365	

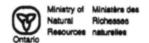
Name: Donna Barnes	Date: January 20, 2003	
Signature: Doma Barnes.		

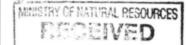


Injection Wells (all active)

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







FEB 2 8 2003

PETROLEUM RESOURCES

Annual Report of Monthly **Injection** for the year 2002

LOUI	10	10: the Minister of Natural Resour	ces				
Ope	erator:	Cameron Petroleum Inc.	Tel. #	657-9304	Fax #	657-3633	
Add	dress	P.O. Box 20109, 431 Boler Road					
		London, Ontario N6K 4G6					
7F78 1	_						

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

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 #:

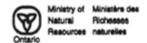
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection: N/A

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	3051.03	0	31	98.42
Feb	2679.62	0	28	95.70
Mar	3013.81	0	31	97.22
April	3762.05	0	30	125.40
May	3075.56	0	31	99.21
June	2126.72	0	30	70.89
July	2164.13	0	31	69.81
Aug	2059.07	0	31	66.42
Sep	1985.32	0	30	66.18
Oct	1834.25	0	31	59.17
Nov	1938.40	0	30	64.61
Dec	2336.16	0	31	75.36
Total	30,026.12		365	82.26

The undersigned certifies that the above information is complete a	and accurate and he/she has authority to bind the operator.
Name: Madeline Brett	Date: February 26, 2003
Signature: The Some in wett	Position: President





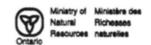
Annual Report of Monthly **Injection** for the year 2002

MINISTRY OF NATURAL RESOURCES
FEB 2 8 2003

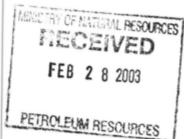
RETROLEMN RESOURCES

Operator: Cameron Petroleum Inc. Tel. # 657-9304 Fax # 657-3633	6	To: the Minister of Natu	ural Resources				
London, Ontario N6K 4G6 This form only applies to fluid injection for secondary recovery. Ill injection wells must be reported and all injection must be reported. If space is insufficient attach addition Well Name:Robert McMaster & Sons - Gobles 2	ator:	Cameron Petroleum Inc.	Tel.	# 657-9304	Fax #	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 addition 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 (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL NIL NIL NIL NIL NIL Feb Mar April May June June July Aug Sep Oct	ress	P.O. Box 20109, 431 Boles	r Road				
All injection wells must be reported and all injection must be reported. If space is insufficient attach addition 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 (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL NIL NIL NIL NIL NIL NIL NIL Seb Mar April May June June July Aug Sep Oct		London, Ontario N6K 4C	36				
Well Name:Robert McMaster & Sons - Gobles 2 Township: Blenheim Source Formation: Tract Lot 19 Concession 1 Fluid Type: Well Licence #: 141 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 Pool: Injection Rate (m³/day) Jan NIL NIL NIL NIL NIL NIL NIL Feb Nar April May June July June July Aug Sep Oct							
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 (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL NIL NIL NIL NIL NIL NIL Feb Mar April May June July Aug Sep Oct						ent attach add	ditional form
Tract Lot 19 Concession 1 Fluid Type: Well Licence #: 141			Gobles 2				
Well Licence #: 141 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) Jan NIL NIL NIL NIL NIL NIL NIL NI					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) NIL NIL NIL NIL NIL NIL			n 1				
Injection Permit #: As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month					tion:		
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)				Injection Pool:			
Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Injection Injection Rate (m³/day)	-						-
Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Injection Injection Rate (m³/day)	f Dec. 3	31 - Active, suspended, aban	idoned, testing, po	otential			
Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Injection Injection Rate (m³/day)	rintion	of fluid treatment prior to it	niection:		****		-
Injection Pressure (kPag at wellhead)	ripuon	or natu treatment prior to it	ijection.			+	
Injection Pressure (kPag at wellhead)							
Injection Pressure (kPag at wellhead)							
Injection Pressure (kPag at wellhead)	th N	Volume Injected (m³)	Average Daily	Days or	Ini	ection Rate	
Jan NIL NIL NIL NIL Feb <	_	· oranic injection (iii)					
Feb Mar April Image: Control of the control of t							
Mar April May Image: Control of the control of t		NIL	NIL	N	IL	NIL	
April May June							
May June July Aug Sep Oct							
June July Aug Sep Oct							
July Aug Sep Oct							
Aug Sep Oct							
Sep Oct							
Oct							
the state of the s							
Nov							
Dec 🔻 🔻		•	-	,	7		
Total	1		-				
he undersigned certifies that the above information is complete and accurate and he/she has authority to bind the opera			mation is complete			ity to bind the	operator.
Name: Madeline Brett Date: February 26/03	e:]	Madeline Brett	,	Date: February	26/03		
Signature: Position: President	ature:	6111	1	Position: Pres	sident		
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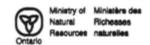






Form 6	To: the Minister of Na	itural Resource	es				
Operator			Tel. # 657	-9304	Fax#	657-3633	
Address							
	London, Ontario N6K						
	only applies to fluid injectio						
	on wells must be reported and		THE RESERVE OF THE PERSON NAMED IN	THE RESIDENCE OF THE PARTY OF T	the state of the s	nt attach add	litional forms.
	ne: Robert McMaster & Sons	- Gobles 4		e Pool: Gobles			
	p: Blenheim			e Formation:			
Tract	Lot 22 Concessi	on 1		Type:			
	ence #: 149			tion Formation:			
	tus - Mode*: Suspended		Injec	tion Pool:			
	Permit #:					-	
As of De	c. 31 - Active, suspended, ab	andoned, testin	ig, potential				
Descripti	on of fluid treatment prior to	injection:					
	on or many invalidation prior to	nigotion.					
Month	Volume Injected (m³)	Average D		Days on		ction Rate	
		Injection F (kPag at w		Injection	(m-)	day)	
Jan	NIL		VIL	NIL		NIL	
Feb				1			
Mar							
April			<u> </u>				
May							
June							
July							
Aug							
Sep							
Oct							
Nov							
Dec	-	,	•	-		-	
Total	Y		·	-			
	gned certifies that the above info	ormation is comp				ty to bind the o	perator.
Name:	Madeline Brett			February 26/03			
Signature	Hadelene Inj	Birt	Positi	on: President			
	, marine my	green .					





Annual Report of Monthly Injection for the year 2002

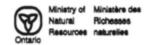


To: the Minister of Natural Resources Form 6 Cameron Petroleum Inc. Tel. # 657-9304 Fax # 657-3633 Operator: Address P.O. Box 20109, 431 Boler Road

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 & Son - Gobles7 Source Pool: Gobles Township: Burford Source Formation: Tract 3 Lot 19
Well Licence #: 1025 Fluid Type: Concession 1 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 Days on Injection Rate Injection Pressure (m³/day) Injection (kPag at wellhead) NIL NIL NIL Jan 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: February 26/03				
Signature: Mafeline In Biell	Position: President				
Madeline he Diels					



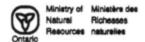


MINISTRY OF NATURAL RESOURCES RECEIVED FEB 2 8 2003

PETROLEUM RESOURCES

orm 6	To: the Minister of Na				
Operator:	Cameron Petroleum Inc.	Tel	. # 657-9304	Fax #	657-3633
Address	P.O. Box 20109, 431 Bol	er Road			
	London, Ontario N6K 4	IG6			
	only applies to fluid injection				
	on wells must be reported and			nsuffici	ent attach additional form
	ne: McMaster #31 Gobles 20		Source Pool: Gobles		
	p: Burford		Source Formation:		
Tract 7		on 1	Fluid Type:		
	ence #: 1287		Injection Formation:		
	us – Mode*: Suspended		Injection Pool:		
Injection	Permit #:				
As of De	 c. 31 - Active, suspended, aba 	andoned, testing, p	otential		
Descripti	on of fluid treatment prior to	injection:			
Month	Volume Injected (m³)	Average Daily Injection Press (kPag at wellh	sure Injection		ection Rate /day)
Jan	NIL	NIL	NIL		NIL
Feb					
Mar					
April					
Man	THE RESERVE THE PROPERTY AND PARTY A				
May				- 1 1	
June				+-	
June					
June July					
June July Aug					
June July Aug Sep					
June July Aug Sep Oct					
June July Aug Sep Oct Nov					





Annual Report of Monthly **Injection** for the year 2002

FEB 2 8 2003

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.

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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: Kewanee Gobles 24

Source Pool: Gobles

Township: Blenheim

Source Formation:

Tract

Lot

18

Concession

Fluid Type:

Well Licence #: 1492

Injection Formation:

Well Status – Mode*: Suspended

Injection Pool:

Injection Permit #:

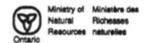
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/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 be	
Name: Madeline Brett Date: February 26/03	
Signature: Radeline In Brett Position: President	

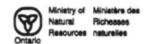




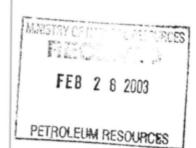


Operator:		ural Resourc	C3				
	Cameron Petroleum Inc.		Tel. # 6:	57-9304	Fax #	657-3633	
Address	P.O. Box 20109, 431 Bole						
	London, Ontario N6K 4	G6					
	nly applies to fluid injection						
	wells must be reported and	all injection				ent attach a	dditional forms
	: Kewanee Gobles 41			rce Pool: Gobles	Pool		
Township:				rce Formation:			
Tract 7	Lot 16 Concession	n 1		id Type:			
	ce #: 1909			ection Formation:			
Well Status			Inje	ection Pool:			
Injection Po							
As of Dec.	31 - Active, suspended, aba	ndoned, testi	ng, potentia	al			
Description	o of fluid transfer and male - to !	niantien:					
Description	n of fluid treatment prior to i	njection:					
		THE STREET STREET, STR	the county of the county of the county				
Month	Volume Injected (m³)	Average	Daily	Days on	Inje	ction Rate	
		Injection		Injection	(m³	/day)	
		(kPag at	wellhead)		(m³		
Jan	NIL	(kPag at		Injection	(m³		IL
Feb	NIL	(kPag at	wellhead)		(m³		IL
Feb Mar	NIL	(kPag at	wellhead)		(m³		IL
Feb Mar April	NIL	(kPag at	wellhead)		(m³		IL
Feb Mar April May	NIL	(kPag at	wellhead)		(m³		IL
Feb Mar April May June	NIL	(kPag at	wellhead)		(m³		IL .
Feb Mar April May June July	NIL	(kPag at	wellhead)		(m³		IL
Feb Mar April May June July Aug	NIL	(kPag at	wellhead)		(m ³		IL
Feb Mar April May June July Aug Sep	NIL	(kPag at	wellhead)		(m ³		IL
Feb Mar April May June July Aug Sep Oct	NIL	(kPag at	wellhead)		(m ³		IL
Feb Mar April May June July Aug Sep	NIL	(kPag at	wellhead)		(m ³		IL .
Feb Mar April May June July Aug Sep Oct	NIL	(kPag at	wellhead)		(m³		TIL .



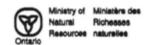


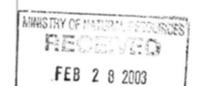
Annual Report of Monthly **Injection** for the year 2002



	To: the Minister of Na	iturai Resource	S				
Operator:			Tel. # 657-	9304	Fax #	657-3633	
Address	P.O. Box 20109, 431 Bol						
	London, Ontario N6K	4G6					
his form	only applies to fluid injection	n for secondar	y recovery.				
	on wells must be reported and	all injection m			nsufficie	nt attach	additional for
	ne: Kewanee Gobles 42			Pool: Gobles			
	o: Burford			Formation:			
Tract	Lot 18 Concession	1 2	Fluid '				
Well Lice				on Formation:			
	us – Mode*: Suspended		Injecti	on Pool:			
-	Permit #:				_		
As of De	 c. 31 - Active, suspended, about 	andoned, testin	g, potential				
Month	Volume Injected (m³)	Average D		Days on		ction Rate	
		Injection P (kPag at w	ressure ellhead)	Injection		/day)	
Jan	Volume Injected (m³) NIL	Injection P (kPag at w	ressure			/day)	NIL
Jan Feb		Injection P (kPag at w	ressure ellhead)	Injection		/day)	
Jan Feb Mar		Injection P (kPag at w	ressure ellhead)	Injection		/day)	
Jan Feb Mar April		Injection P (kPag at w	ressure ellhead)	Injection		/day)	
Jan Feb Mar April May		Injection P (kPag at w	ressure ellhead)	Injection		/day)	
Jan Feb Mar April May June		Injection P (kPag at w	ressure ellhead)	Injection		/day)	
Jan Feb Mar April May June July		Injection P (kPag at w	ressure ellhead)	Injection		/day)	
Jan Feb Mar April May June July Aug		Injection P (kPag at w	ressure ellhead)	Injection		/day)	
May June July Aug Sep		Injection P (kPag at w	ressure ellhead)	Injection		/day)	
Jan Feb Mar April May June July Aug Sep Oct		Injection P (kPag at w	ressure ellhead)	Injection		/day)	
Jan Feb Mar April May June July Aug Sep Oct Nov		Injection P (kPag at w	ressure ellhead)	Injection		/day)	
Jan Feb Mar April May June July Aug Sep Oct		Injection P (kPag at w	ressure ellhead)	Injection		/day)	







PETROLEUM RESOURCES

rorm o	10: the Minister of Nat	urai Resource						
Operator:			Tel.	# 657-9	9304	Fax #	657-3633	
Address	P.O. Box 20109, 431 Bole	er Road						
	London, Ontario N6K 4							
	only applies to fluid injection							
	n wells must be reported and		nust b				ient attach a	dditional forms
	ne: Imperial Kewanee Gobles	45			Pool: Gol			
	: Burford				Formation	:		
Tract 3		1		Fluid 7				
	ence #: 1719				on Formatio	n:		
	us – Mode*: Suspended			Injection	on Pool:			
	Permit #:							
As of De	 c. 31 - Active, suspended, aba 	ndoned, testin	ig, po	tential				
Descripti	on of Guid tonot and and a second	nlastla						
Descripti	on of fluid treatment prior to i	njection:						

Month	Volume Injected (m³)	Average D	aily		Days on	Inj	ection Rate	
		Injection F			Injection	(m	day)	
		(kPag at w		ad)				**
Jan	NIL	N	VIIL.		NIL		N	IL
Feb								
Mar								
April			_					
May			_					
June								
July								
Aug								
Sep								
Oct								
Nov								
Dec	•	,	•		_		,	V
Total					•			
				and the same of the same of	A CONTRACTOR OF THE PARTY OF TH	The same of the same		
	gned certifies that the above info	rmation is com	plete a	and accur	ate and he/sh	e has author	ity to bind th	e operator.
Name:	Madeline Brett			Date:	February 26	5/03		
Signature	Madeline mi	Rutt	_	Positio	n: Presid	ent		





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

MINISTRY OF NATURAL RESOURCES

RECEIVED

FEB., 1 8 2003

Operator Name: CITARLY GAIRBITHIK OIL PROPURTY LTD.	Well Permit No.:	Injection Permit No. PETROLEUM RESOURCES
Address: P.O. 13 0 × 10	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe) SECONDARY RECOVERY
PETROLIH, ONT NON IRO.	Location: 4 MM DION CWNISKILLEN 19 II. County Township Lot Conc.	Injection Formation Dun Date

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

INJECTION DATA				AVERAGE DAILY				
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				1				
July								
Aug.					+2			
Sept.			,					
Oct.								
Nov.							* 1	
Dec.		-		3.5 × 10 3 m 3				
TOTALS	BRODLID W	ATEVIL	FILTRATION O	3,500 m 3	20~ - 250 p.s.i	9.5	365	ACTIVE

PATE: TETS 14 103 SIGNATURE: SIGNATURE:

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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 E - 309 Commissioners Road West,				
	London, Ontario, N6J 1Y4				

This form only applies to fluid injection for secondary recovery.

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

Well Nan	ell 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		1					

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

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

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

Name:	per: Jane Lowrle	Date:	14.Feb.03
Signature:	/ Kourie	Position Held:	President





	-

To the Minister of Natural Resources

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

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	ell Name: Imperial Becher 77					Source Pool:	Syder	ham River & Production
Township:				Sombra	Source Formation:		Salina - A 1 Unit	
Tract:	6	Lot:	9	Concession:	5	Fluid Type:	Fr	esh & Salt Water
Well Lic	ence #	:		945		Injection Formation:		A 1 Salina - Silurian
Well Status - Mode*: Suspended			Injection Pool: West Becher Unit		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

		A		
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:	14.Feb.03
Signature:	Kowie	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 E - 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:	Imperial	Becher 7	6 I.W.(853)H. Joh	nston 1	Source Pool:	Syder	ham River & Production
Township: Sombra					Source Formation:		Salina - A 1 Unit	
Tract:	6	Lot:	9	Concession:	5	Fluid Type:	Fi	esh & Salt Water
Well Lice	ence	#:		1637		Injection Formation:		A 1 Salina - Silurian
Well Sta	tus -	Mode*:		Suspended		Injection Pool:		West Becher Unit
Injection Permit #: Order in Council - 17.Apr.63								

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

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

-				
Month	Volume Injected (m ³)	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: pgf	Jame Lowrie	Date:	14.Feb.03
Signature:	(Kourse)	Position Held:	President





Annual Report for Monthly **Injection** for the year 2002

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To the Minister of Natural Resources

			THE RESERVE THE PARTY OF THE PA	_	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.
Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 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:	Fre	esh & Salt Water
Well Lice	ence	#:		8598		Injection Formation:		A 1 Salina - Silurian
Well Sta	tus -	Mode*:	Aba	andoned - 09.Aug	.02	Injection Pool:		West Becher Unit
Injection Permit #: Order in Council - 17.Apr.63								

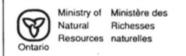
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

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

Name:	per: Jane Lowrie	Date:	4.Feb.03
Signature:	(Kource	Position Held:	President





To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel. #	(519) 657 - 2151	Fax #	(519) 657 - 4296
Address:	Unit E - 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:	Imperial	Oil 235 -	Becher 55 - Joh	nston 3	Source Pool:	Sydenl	nam River & Production
Townshi	ip:		;	Sombra		Source Formation:		Salina - A 1 Unit
Tract:	1	Lot:	8	Concession:	5	Fluid Type:	Fre	sh & Salt Water
Well Lice	ence	#:		8598		Injection Formation:		A 1 Salina - Silurian
Well Sta	itus -	Mode*:	Aba	andoned - 09.Aug	g.02	Injection Pool:	1	West Becher Unit
Injection	Pern	nit #:	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: pe	r: Jane /pyrie/	Date:	14.Feb.03
Signature:	(Kourie	Position Held:	President



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-	-	•	n	60

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 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							
Well Nar	me:	Imperial	Oil 220 -	Becher 53 - John	nston 2	Source Pool:	Syder	ham River & Production	
Township: Sombra		Source Formation:		Salina - A 1 Unit					
Tract:	2	Lot:	9	Concession:	5	Fluid Type:	F	resh & Salt Water	
Well Lice	ence :	#:		8601		Injection Formation:		A 1 Salina - Silurian	
Well Status - Mode*: Suspended		Injection Pool:		West Becher Unit					
Injection Permit #: Order in Council - 17.Apr.63									

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

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

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
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.03
Signature:	/ Koure	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 E - 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.

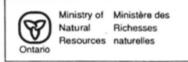
Well Nar	ne:	Imperia	al Oil 196	- Becher 33 - Gri	ffith 1	Source Pool:	Syden	ham River & Production
Township: Sombra		Source Formation:		Salina - A 1 Unit				
Tract:	8	Lot:	8	Concession:	6	Fluid Type:	Fr	esh & Salt Water
Well Lice	ence #	t:		8600		Injection Formation:		A 1 Salina - Silurian
Well Status - 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 (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 Low	Date:	14.Feb.03
Signature:	/_/4	Position Held:	President



To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 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	Vell Name: Imperial Bluewater (894)		Source Pool:	Thames River			
Township: Dunwich		Source Formation:	Not applicable				
Tract:	5	Lot:	22	Concession:	2	Fluid Type:	Fresh Water
Well Licence #: 1785		Injection Formation:	Cambrian				
Well Status - Mode*: Suspended		Injection Pool:	Willey				
Injection Permit #: Energy Board Order 41							

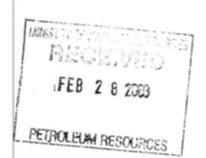
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
April	0	0	0	0
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:	14.Feb.03
Signature:	(Kource)	Position Held:	President





Form 6

To the Minister of Natural Resources

Operator:	Clearwood Resources Inc.	Tel.#	(519) 657 - 2151	Fax#	(519) 657 - 4296
Address:	Unit E - 309 Commissioners Rd. W.				
	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.

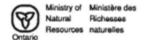
Well Name:	Well Name: Imperial 619 - Warwick # 6			6	Source Pool:	
Township: Warwick		Source Formation:				
Tract:	Lot:	13	Concession:	3 SER	Fluid Type:	
Well Licence #: 10048		Injection Formation:	Silurian			
Well Status - Mode*: Suspended		Injection Pool:	Warwick			
Injection Permit #:						

* 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: Jahe Lowrie	Date:	14.Feb.03
Signature:	Mourie	Position Held:	President



Annual Report of Monthly **Injection** for the year 2002

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 etal 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

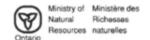
Description of fluid treatment prior to injection: addition of oxygen scavenger and scale inhibitor: filtration

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	1227.7	0	31	39.6
Feb	918.3	0	28	32.8
Mar	764.1	0	31	24.7
April	1040.5	0	30	34.7
May	1272.0	0	31	41.0
June	1095.5	0	30	36.5
July	1236.5	0	31	39.9
Aug	707.0	0	31	22.8
Sept	1166.6	0	30	38.9
Oct	1238.0	0	31	39.9
Nov	1203.4	0	30	40.1
Dec	1239.4	0	31	40.0
Total	13,109.0			

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, 2003	
Signature: Chudia Cochrane		

CRL. 03. WKGCP16



Annual Report of Monthly **Injection** for the year 2002



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*: Active as of June 12, 2002	Injection Pool: Wanstead		
Injection Permit #: 2001-2			

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

Description of fluid treatment prior to injection: Addition of corrosion and scaling inhibit	or. Filtration

Month	Volume Injected (m ³)	Average Daily	Days on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
Jan				
Feb				
Mar				
April				
May				
June	619.8	0	18	34.43
July	1589.2	0	31	51.26
Aug	1483.1	0	31	47.84
Sep	1375.9	0	30	45.86
Oct	1591.7	0	31	51.35
Nov	1380.2	0	30	46.01
Dec	1416.2	0	31	45.68
Total	9456.1			

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, 2003	
Signature Vandia Codirani		

CRL.03 WKGCP16



Form 6

To: the Minister of Natural Resources

Shiningbank Energy Limited Tel. # 649-0511 Operator: Fax # 649-6667 Address: P. O. Box 9009, 1795 Ernest Ave London, Ontario, N6E 2V5

Well Name: Rodney Unit 2 Source Pool:

Township: Tract

Aldborough

Concession

Source Formation: Glacial drift Fluid Type:

Fresh Water

Well Licence # Well Status - Mode*: Injection Permit #:

Injection Formation: Columbus 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 Rate (m3/day)
		kPag		
Jan	10,454.0	138 to 3034	31	337.2
Feb	9,452.0	103 to 3037	28	337.6
Mar	8,033.0	172 to 3137	31	259.1
April	8,661.0	138 to 3034	30	288.7
May	9,356.0	200 to 3100	31	301.8
June	8,246.0	150 to 3100	30	274.9
July	8,213.0	120 to 3125	31	264.9
Aug	8,790.0	50 to 3100	31	283.5
Sept	10,760.0	150 to 3100	30	358.7
Oct	8,000.0	400 to 3010	31	258.1
Nov	7,902.0	250 to 3100	30	263.4
Dec	7,637.0	450 to 3075	31	246.4
Total	105,504.0			
Cum. Total**				

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

Name:	Jim McIntosh	Date:	15-Feb-03
Signiture:		Position Held:	Manager, Ontario Operations





Form 6 To: the Minister of Natural Resources

Operator: Shiningbank Energy Limited Tel. # 649-0511 Fax # 649-6667

Address: P. O. Box 9009, 1795 Ernest Ave London, Ontario, N6E 2V5

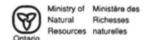
Well Name: Rodney Unit 1 Source Pool: Township: Aldborough Source Formation: Glacial drift Tract Concession Fluid Type: Fresh Water Well Licence # Injection Formation: Columbus Well Status - Mode*: Injection Pool: Rodney Unit 1 Injection Permit #:

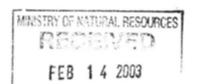
* As of Dec 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:
Water is filtered

Month	Volume	Average Daily	Days on	
	Injected (m3)	Injection Pressure	Injection	Injection Rate (m3/day)
		kPag		
Jan	15,619.0	500 to 3200	31	503.8
Feb	13,753.0	500 to 3200	28	491.2
Mar	14,594.0	800 to 3100	31	470.8
April	14,530.0	500 to 3100	30	484.3
May	15,643.0	500 to 3000	31	504.6
June	15,151.0	500 to 3000	30	505.0
July	15,413.0	900 to 3100	31	497.2
Aug	15,383.0	300 to 3100	31	496.2
Sept	14,746.0	600 to 3000	30	491.5
Oct	16,050.0	500 to 3000	31	517.7
Nov	14,735.0	450 to 3050	30	491.2
Dec	16,918.0	500 to 3100	31	545.7
Total	182,535.0			

Title diffact stig	med ceremes that the above imprime	reion is complete and accorded and in	craffe has additionly to bind the operator.
Name:	Jim McIntosh	Date:	15-Feb-03
Signiture:		Position Held:	Manager, Ontario Operations





Annual Report of Monthly **Injection** for the year 2002

PETROLEUM RESOURCES

Form 6 To: the Minister of Natural Resources

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

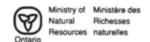
Well Name: Mersea 6-23-VII	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 6 Lot 23 Concession VII	Fluid Type: Oilfield Brine
Well Licence #: 6935	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

^{*} 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	7653.2	3350	624	294.4
Feb	5488.5	2500	605	217.7
Mar	5442.0	2335	503	259.7
April	6290.0	2405	502	300.7
May	8183.0	2558	690	284.6
June	6889.0	2460	680	243.1
July	5627.0	2650	744	181 5
Aug	5328.0	1739	682	187,5
Sep	4935.0	2200	400	296.1
Oct	5318.0	2200	444	287 5
Nov	5224.0	2200	419	299.2
Dec	5140.0	2200	446	276,6
Total	71,517.7	28,797	6,739	3,128.6

Name: Heather Harker	Date: February 10, 2003
Signature: Holler Harter	Position Held: Canadian Operation Accountant



MINISTRY OF NATURAL RESOURCES RECEIVED FEB 1 4 2003

Annual Report of Monthly **Injection** for the year 2002

PETROLEUM RESOLURGES

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Operator: Ta	alisman Energy	Tel. # (403) 237-4981 Fa	ax	# (403) 231-2816
	too coo off o o tri o i			

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 #: 6826	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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m³/day)
Jan	2481.0	2507	744	80.0
Feb	2549.0	2009	672	91.0
Mar	2370.0	1957	744	76.5
April	2480.0	2253	720	82.7
May	2387.0	2184	744	77.0
June	2163.0	2063	720	72.1
July	2619.0	2284	744	84.5
Aug	3576.0	2734	744	115.4
Sep	3446.0	2690	720	114.9
Oct	3504.0	2737	744	113.0
Nov	2525.0	2538	720	84.2
Dec	2281.0	2361	744	73.6
Total	32,381.0	28.317	8760	1064.9

Name: Heather Harker	Date: February 10, 2003
11 . 11 .	
Signature: Sent has Horkey	Position Held: Canadian Operation Accountant

