

Annual Report of Monthly **Injection** for the year _____2004_amended

rorm o 10: the Minister of Natural Resource	CS	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		
	THE RESERVE OF THE PROPERTY OF	

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

	ust 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:	AU SIGNATURE SERVICE S
Settling in pond	

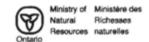
Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	246.45	2756.92 (400 PSI)	31
Feb	230.55		29
Mar	246.45		31
April	238.50		30
May	246.45		31
June	238.50		30
July	246.45		31
Aug	246.45		31
Sep	238.50		30
Oct	246.45		31
Nov	238.50		30
Dec	246.45		31
Total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

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



Oil, Gas and Salt Resources Act Annual Report of Monthly Injection MINISTRY OF NATURAL RESOURCES Annual Resources Annual Resources

Form 6 To: the Minister of Natural Resource	es once
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 secondar All injection wells must be reported and all injection in	ry recovery. 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 1 & 2	Fluid Type: Fresh Water

Injection Formation: Dundee Well Licence #: see attached list Well Status - Mode*: INJ - ACT 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 ³)	Average Daily	Days on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
Jan	1410.50	2756.92 kPag(400PSI)	31	45,5
Feb	1274.00		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	

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

Name: Donna Barnes	Date: January 10, 2005	
Signature: Donna Barnes		



INJECTION WELLS

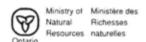
(all active)

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



Form 6	To: the Minister of Nati	ural Resource	es				
Operator:	Cameron Petroleum Inc.		Tel. # 657-	9304	Fax#	657-3633	
Address	P.O. Box 20109, 431 Boler	Road					
	London, Ontario N6K 4Ge	5					
	only applies to fluid injection						
production of the second	on wells must be reported and a	THE RESERVE THE PARTY OF THE PA	nust be report	NAME AND ADDRESS OF TAXABLE PARTY.		ent attach add	itional forms.
	e: Robert McMaster & Sons -	Gobles 7	Source		les		
Township:				Formation:			
Tract 3	201 17 2011000101	n I	Fluid				
Well Licer				on Formation:			
	is - Mode*: Suspended		Injecti	on Pool:			
Injection F							
* As of De	ec. 31 - Active, suspended, abar	idoned, testir	ng, potential				
Daggrintin	n of Quid treatment minute in:	action					
Descriptio	n of fluid treatment prior to inj	ection:					
		A COLUMN TO A	AND DESCRIPTION OF THE PERSON NAMED IN				
Month	Volume Injected (m ³)	Average D	aily	Days on	Injo	ction Rate	
	· · · · · · · · · · · · · · · · · · ·	Injection P		Injection		/day)	
		(kPag at w	ellhead)				
Jan	NIL	N	IIL .	NIL		NIL	
Feb							
Mar							
April							
May							
June					\perp		
July							
Aug							
Sep							
Oct							
Nov							
Dec							
Total	•		•	\		*	
							,
	Madeline Prett	mation is comp				ty to bind the o	perator.
Name:	Madeline Brett	1	Date:	February 10, 2	2003		
Signature:	Madeline mr.	Sull	Positio	n: President			





Form 6	To: the Minister of N	latural Resource	es				
Operator:	Cameron Petroleum Inc.		Tel. # 657-	9304	Fax#	657-3633	
Address	P.O. Box 20109, 431 Bol	er Road					
	London, Ontario N6K 4	G6					
	only applies to fluid injection						
production of the later of the	on wells must be reported an		the second second second	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	STATE OF THE OWNER, TH	ient attach	additional forms.
Well Nam		les 45	Source		obles		
Township:				Formation:			
Tract 3	Lot 7 Concess	ion 1	Fluid '				
Well Licer				on Formation:			
	s - Mode*: Suspended	1	Injecti	on Pool:		-	
Injection F							
* As of De	ec. 31 - Active, suspended, al	oandoned, testin	ig, potential				
Description	- of Ouid treatment raise to	aiastiani					
Descriptio	n of fluid treatment prior to	injection:				-	
						-	
		THE RESERVE OF THE PARTY OF THE			THE RESERVE		
Month	Volume Injected (m³)	Average Da	aily	Days on	Inic	ction Rate	
	romme rigeetea (m.)	Injection P		Injection		(day)	
		(kPag at wo					
Jan	NIL	N	IIL	NIL		1	VIL .
Feb							
Mar							
April							
May							
June							
July							
Aug							
Sep							
Oct							
Nov							
Dec							
Total	*	,	*	*		,	,
	-	THE RESERVE OF THE PERSON		and the second second			
	gned certifies that the above in	formation is comp				ity to bind th	ne operator.
Name:	Madeline Brett	9 /	Date:	February 10, 2	2005		
Signature:	Madeline m	Kell	Positio	n: President			
	- juguentes 11						





Operator: Cameron Petroleum Inc. Tel. # 657-9304 Fax # 657-3633	rorm o	10: the Minister of Nati	urai Resourc	es		The second secon				
London, Ontario N6K 4G6	Operator:	Cameron Petroleum Inc.		Tel.	# 657-9	9304	Fax	<i>*</i> #	657-3633	
This form only applies to fluid injection for secondary recovery. All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms Well Name: Kewanee Gobles 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	Address	P.O. Box 20109, 431 Boler	Road							
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms		London, Ontario N6K 4G	5							
Source Pool: Gobles Pool										
Township: Blenheim	A PERSONAL PROPERTY AND A	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	all injection	must b	THE R. P. LEWIS CO., LANSING	A THE RESERVE TO BE A SECOND	NAME OF BRIDE	ALC: UNKNOWN	ient attach	additional forms
Tract 7 Lot 16 Concession 1 Fluid Type:								Pool		
Well Licence #: 1909							on:			
Well Status - Mode*: Suspended Injection Pool:			1 l							
Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Injection Injection Rate (m³/day)							tion:			
* As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month					Injection	on Pool:				
Description of fluid treatment prior to injection:	THE PERSON NAMED IN	THE RESERVE OF THE PARTY OF THE								
Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) NIL N	* As of D	ec. 31 - Active, suspended, abar	idoned, testi	ng. po	tential					
Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) NIL N				-	-			_		
Injection Pressure (kPag at wellhead)	Description	on of fluid treatment prior to inj	ection:					-		
Injection Pressure (kPag at wellhead)								-		
Injection Pressure (kPag at wellhead)			CONTRACTOR AND ADDRESS OF	SALES OF THE PARTY				-		
Injection Pressure (kPag at wellhead)	Month	Voluma Injected (m ³)	Average F)aile		Davis on		Ini	action Pate	
(kPag at wellhead) NIL	WIOIIIII	volume injected (iii)			re					
Jan NIL NIL NIL NIL Feb						injection	.	``'	/ day)	
Mar April May Image: Control of the control of t	Jan	NIĻ	1	ΝĮL		N	IL		1	ŅΙL
April May June Image:	Feb									
May June July Aug Sep Oct Nov Dec	Mar									
June July Aug Sep Oct Sep Nov Sep	April									
July Aug Sep Oct Nov Oct Dec Oct	May									
Aug	June			\top						
Aug	July			_						
Sep Oct Nov Oct Dec Oct	•			+						
Oct Nov Dec Dec										
Nov Dec State Stat				+						
Dec				+				_		
				+				_		
Total				\pm			,	_		
	· Ottil	V	A STATE OF THE PARTY OF THE PAR	_				-	CANADA SANCE AND ADDRESS OF THE PARTY OF THE	Y
	The unders	signed certifies that the above infor	mation is com	plete a	nd accura	ate and he	/she has at	ithor	ity to bind th	he operator.
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.	Name:	Madeline Brett			Date:			$\overline{}$		
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 10, 2005		Du 11 N	21		Positio	n. Pres	ident	-		
Name: Madeline Brett Date: February 10, 2005	Signature	- Medere ms	Well		rositio	ii. Ties	naciit	_		





Annual Report of Monthly **Injection** for the year ____2004_

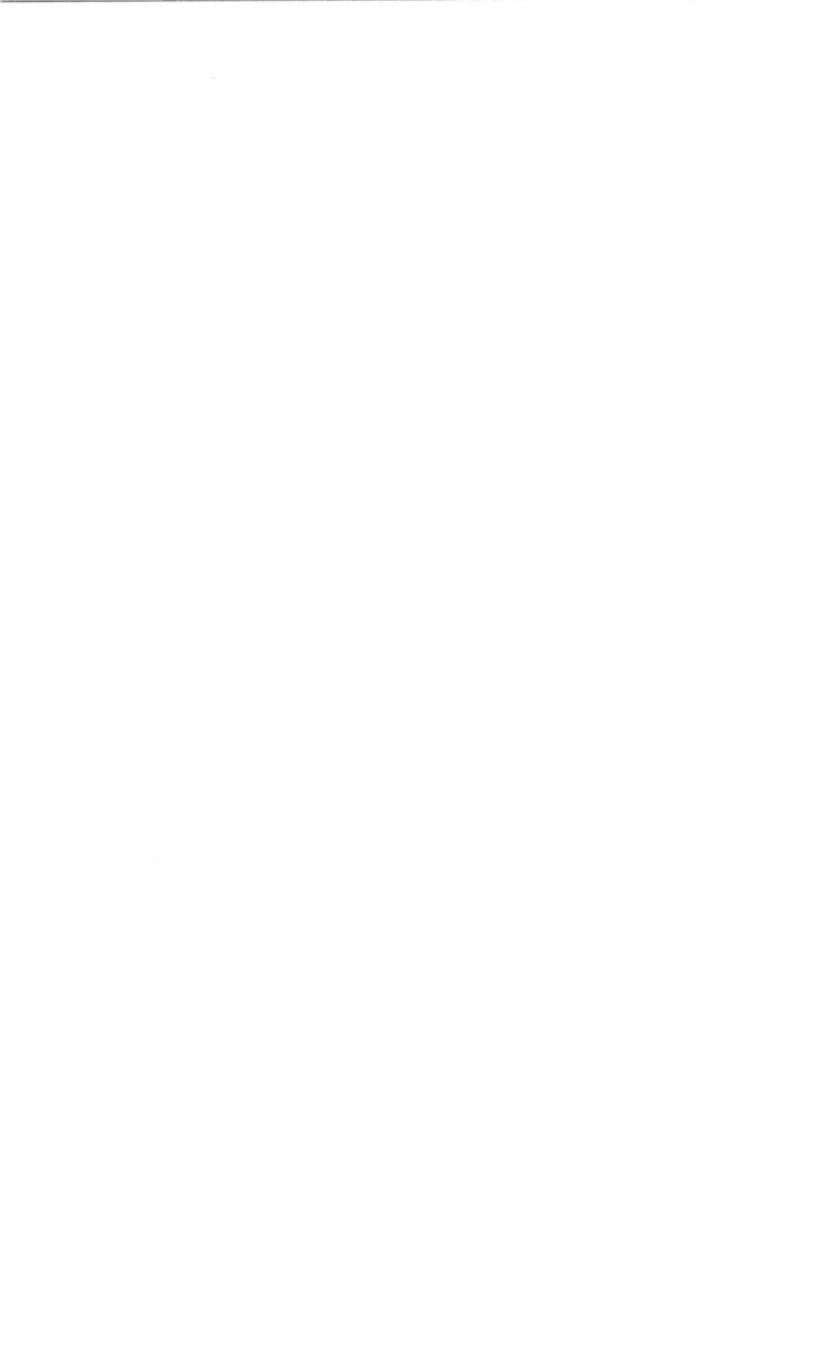
Form 6	To: the Minister of Na	atural Resources						
Operator:	Cameron Petroleum Inc.	Т	cl. # 657-	9304	Fax#	657-3633		
Address	P.O. Box 20109, 431 Bole	r Road						
	London, Ontario N6K 40	G6						
	only applies to fluid injection							
THE RESERVE AND ADDRESS OF THE PARTY OF THE	ion wells must be reported and	THE RESERVE AND PARTY OF THE PA	THE RESERVE THE PERSON NAMED IN	THE RESIDENCE OF THE PARTY OF THE PARTY.	STREET, SQUARE, STORY	ent attach additional forms.		
	ne: Robert McMaster & Sons	s - Gobles 4	Source		oles			
Township: Blenheim Source Formation:								
Tract	Lot 22 Concessio	n l	Fluid '					
Well Lice				on Formation:				
	us - Mode*: Suspended		Injecti	on Pool:				
Injection	Permit #:							
* As of D	ec. 31 - Active, suspended, ab	andoned, testing	, potential					
Description	on of fluid treatment prior to in	njection:						
					-			
Manual	I Valore Initiated (m)	T Assessed Dail	i.	David on	Lo	ection Rate		
Month	Volume Injected (m³)	Average Dai Injection Pre		Days on Injection		3/day)		
		(kPag at well		injection	1,	/44.7)		
Jan	NIL	NII		NĮL		ŅIL		
Feb								
Mar								
April								
May								
June								
July								
Aug								
Sep					\rightarrow			
Oct					_			
Nov		1			_			
Dec					_			
Total					+			
- Otto					-	V		
The unders	signed certifies that the above info	ormation is comple	ete and accur	ate and he/she ha	s author	rity to bind the operator.		
Name:	Madeline Brett		Date:	February 10,	2005			
Signature	man D	Bist	Positio	n: President				
	Mudeline	nece			-			





Annual Report of Monthly **Injection** for the year _____2004_

Operator	Company Patroleum Inc	vaturai Resour	WHEN SHEET SHEET SHEET SHEET	7.0201	F #	457 3433		
Operator: Address	P.O. Box 20109, 431 Bol	or Dond	Tel. # 65	/-9304	Fax #	657-3633		
Address	London, Ontario N6K 4					+		
Thin Comm					ACCOUNT OF THE PARTY OF THE PAR	-		
	only applies to fluid injection wells must be reported an				is insuffic	ient attach	additional forms	
Well Nam				rce Pool:	Gobles	iem attaci	additional forms	
Township: Blenheim Source Formation:								
Tract Lot 18 Concession 1 Fluid Type:								
Well Lice	nce #: 1492			ction Formation	n:			
Well Statu	ıs - Mode*: Suspended			ction Pool:				
Injection I	Permit #:							
* As of Do	ec. 31 - Active, suspended, al	bandoned, test	ing, potentia	I				
Descriptio	on of fluid treatment prior to	injection:						
						-		
						-		
Month	Volume Injected (m³)	Average I	Daily	Days on	Lini	ection Rat	0	
Month	volume injected (iii)	Injection				(day)		
		(kPag at v				, , , , , , , , , , , , , , , , , , ,		
Jan	NIL		ŅIL	NJL			ŅIL	
Feb								
Mar								
April								
May								
June								
July								
Aug								
Sep								
Oct								
Nov								
Dec								
Total	+	,	•	•			*	
	Committee of the Commit	100	The same of the sa		AND DESCRIPTION OF STREET	-		
	igned certifies that the above in	formation is con				ity to bind	the operator.	
Name:	Madeline Brett		Date					
Signature:	Madeline M	But	Posi	tion: Preside	nt			





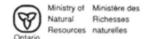
Annual Report of Monthly **Injection** for the year ____2004_

Form 6	To: the Minister of Nat	ural Resource	es						
Operator:	Cameron Petroleum Inc.		Tel. # 657-	9304	Fax #	657-3633			
Address	P.O. Box 20109, 431 Boler								
	London, Ontario N6K 4G	6							
This form	only applies to fluid injection	for secondar	y recovery.						
All injection	All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.								
Well Nam		()	Source		Gobles				
Township:				Formation	:				
Tract 7		n 1	Fluid						
Well Licer				on Formatio	on:				
	s - Mode*: Suspended		Injecti	on Pool:					
Injection F	Permit #:								
* As of Do	ec. 31 - Active, suspended, abar	ndoned, testin	g. potential						
Descriptio	n of fluid treatment prior to inj	ection:							
,		-		_					
Month	Volume Injected (m ³)	Average Da		Days on		ection Rate			
		Injection Pr		Injection	(m	13/day)			
Jan	NIL	(kPag at wo	IL	NIL		N	IIL		
Feb	NIL	- '	-	1112		- '	10		
Mar									
April									
May									
June									
July									
Aug									
Sep									
Oct									
Nov.									
Dec									
Total	+		*	•					
T11	and a side of the form to the		data and assess	nts and batch		dia to bio Lab			
Name:	The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator. Name: Madeline Brett Date: February 10, 2004								
Signature.	2 D 1 D D 1 - D 11								
	Madeline Mr.	NOW							





Form 6	To: the N	Ainister of Natu	ıral Resourc	es						
Operator:	Cameron Petr	oleum Inc.		Tel.	# 657-9	9304	Fa	x #	657-3633	
Address	P.O. Box 201									
	London, Ont	ario N6K 4G0	,							
This form	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						Formati	on:			
Tract	Lot 19	Concession	1		Fluid					
Well Lice						on Forma	tion:			
		Suspended			Injection	on Pool:				
Injection I										
* As of Do	ec. 31 - Active, s	uspended, aban	doned, testi	ng, po	tential					
Descriptio	n of fluid treatm	ent prior to inje	ection:							
								_		
	_		T			_				
Month	Volume Injected (m³) Average Da							ection Rate		
			Injection F (kPag at w			Injection		(m	/day)	
Jan	NI	L		VIL	10)	NJL			NIL	
Feb				1		-				-
Mar				+-						
April				+						
May				+						
June				+						
July				+						
Aug				+						
Sep				+						
Oct										
Nov				+						
Dec				+						
Total	,	,		\downarrow		,	,			_
								_		
	igned certifies that	the above inform	nation is com	plete a					ty to bind t	he operator.
Name:	Madeline Brett			,	Date:	Februar	y 10, 200:	5		
Signature:	m. l.	1 Dh	Right		Positio	n: Pres	sident			



Annual Report of Monthly **Injection** for the year ____2004_

Form 6	To: the Minister of Natural			
Operator:	Cameron Petroleum Inc	Tel # 657-9304	Fax #	657-3633

Address P.O. Box 20109, 431 Boler Road

London, Ontario N6K 4G6

This form only applies to fluid injection for secondary recovery.

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

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

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

Description of fluid treatment prior to injection: N/A

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	2515.40	0	31	81.14
Feb	2540.39	0	28	90.73
Mar	2943.26	0	31	94.94
April	2990.17	0	30	99.67
May	2578.15	0	31	83.17
June	1841.34	0	30	61.38
July	1977.34	0	31	63.79
Aug	2015.73	()	31	67.19
Sep	2000.67	()	30	66.69
Oct	1989.29	0	31	64.17
Nov	1777.93	0	30	59.26
Dec	1805.32	0	31	58.24
Total	26,974.99		365	890.37

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 10,2005
Signature: / Radeline In Brett	Position: President

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FORM 109

Petroleum Resources Act

ANNUAL REPORT OF MONTHLY INJECTION

for the year ending December 31, 2004

RECEIVED

JAN 2 6 2005

PETROLEUM RESOURCES

MINISTRY OF NATURAL RESOURCES

r Name: CHATHAM RESOURCES LTD.				Well Perm	nit No.:			Injection Permit No.	STAT OF NATURAL RESOURCES	
20 Jackson St. W., Ste. 410 Hamilton, ON		Well Name:				Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)				
	L3P 1L2			Location:				Injection Formation		
					County	Township Lot	Conc.			
!) Al	ll injection wells opera	ited must he-reported	(2) All injection mu	ist be reporte	ed (3) Where space	is insufficient, attach addio	onal forms.			
INJECTION DATA								AVERAGE DAILY		
	Fluid Source	Fluid Type	Fluid Treatment Pri Injection	ior to	Volume Injected (10 ³ m)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain)	
	WE H	AVE NO WATER I:	JECTION WEL	LS, TH	EREFORE, NO E	RINE WATER WAS	INJECTED	DURING THE YEAR		
									•	
			- 1							
	~									

January 27, 2005

SIGNATURE:





Oil, Gas and Salt Resources Act Annual Report for Monthly **Injection**for the year 2004

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-	α	rn	n	ь.

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 220 -	Becher 53 - Johr	ston 2	Source Pool:	Sydenh	am River & Production
Townshi	ip:		;	Sombra		Source Formation:		Salina - A 1 Unit
Tract:	2	Lot:	9	Concession:	5	Fluid Type:	Fre	sh & Salt Water
Well Lice	ence a	#:		8601		Injection Formation:		A 1 Salina - Silurian
Well Sta	tus - I	Mode*:		Oil Producer		Injection Pool:	V	Vest Becher Unit
Injection	Perm	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
ľ			

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

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

Name: per:/Jane/lowrise Date: 10.Feb.05

Signature: Position Held: President



RECEIVED

FEB 1 4 2005

PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

Oil, Gas and Salt Resources Act Annual Report for Monthly Injection for the year 2004

orm 6	To the Min	ister of Natu	ural 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 Na	Nell Name:		Imperial Bluewater (894)		Source Pool:	Thames River		
Townsh	p:		[Dunwich		Source Formation:	Not applicable	
Tract:	5	Lot:	22	Concession:	2	Fluid Type:	Fresh Water	
Well Lic	ence #	ŧ:		1785		Injection Formation:	Cambrian	
Well Sta	tus - N	Node*:		Suspended		Injection Pool:	Willey	
Injection	Perm	it #:	Ener	gy Board Order 4	1			

* As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: floculation, settling pond

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

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

	TOTAL MINE TOTAL	7	7		the control of the co	
Name:	per/J	Jane Lo	wrje	Date:	10.Feb.05	
Signature:	/	1/7	ourie)	Position Held:	President	



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PETROLEUM RESOURCES

Oil, Gas and Salt Resources Act Annual Report for Monthly Injection NATURAL RESOURCES for the year 2004

Form 6	To the I	Minister of Nati	ural 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:	Imperial 619 - Warwick # 6			6	Source Pool:		
Township:		٧	Varwick		Source Formation:		
Tract:	Lot:	13	Concession:	3 SER	Fluid Type:		
Well Licence	#:		10048		Injection Formation:	Silurian	
Well Status -	Mode*:		Suspended		Injection Pool:	Warwick	
Injection Per	Injection Permit #:						

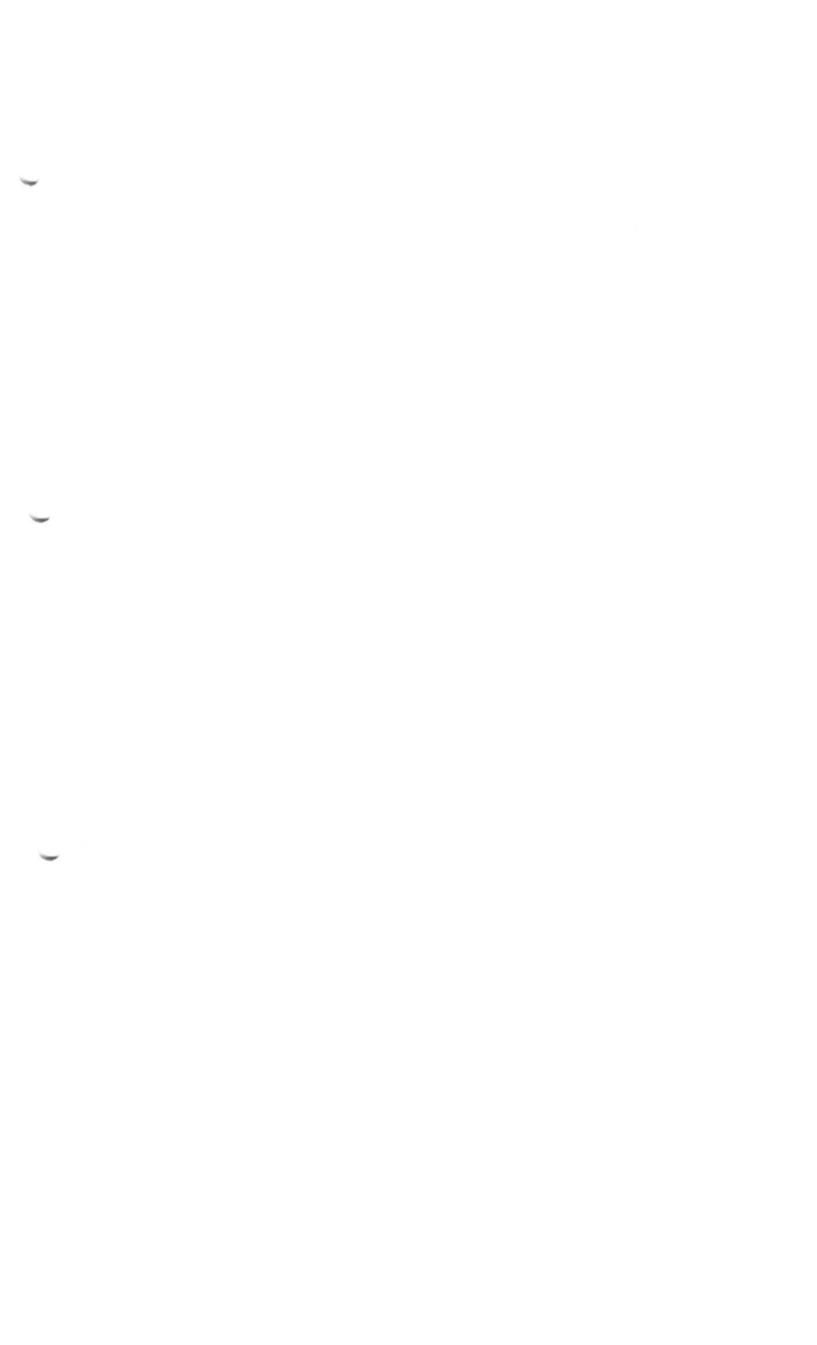
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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
Мау	0	0	0	0
June	0	0	0	0
July	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Total	0	0	0	0

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

Name:	per: Jana Lowrie	Date:	10.Feb.05
Signature:	(Konse)	Position Held:	President





FEB 1 4 2005

Annual Report of Monthly **Injection** for the year 2004

Operatory						
	MAMILY TAINBAULE O	14 Prop	Tel. # 882	-0230 Fax	# 88	2-3363
Address	BOY 10, PETTZULIA	, mi				
	NON 170					
	only applies to fluid injection on wells must be reported and			ed. If space is in	sufficie	nt attach additional forms
Well Nam	ie: MORNINGSTAN		Sourc	e Pool: 014	SPRI	u 4 S
Township			Sourc	e Formation:	Deve	Urin)
Tract	Lot J Concession	19	Fluid	Type: Pas	Duton	WATER
Well Lice	nce #:		Inject	ion Formation:		w.m
Well Statu	us - Mode*:		Inject	ion Pool: 01		PRINGS
Injection l	Permit #:					
* As of D	ec. 31 - Active, suspended, abo	andoned, test	ing, potential			
Description	on of fluid treatment prior to in	jection:				
Mond	Tv. 1		D. T.	Tp	T v	orion Data
Month	Volume Injected (m³)	Average	Pressure	Days on Injection		ction Rate /day)
			wellhead)	Injection	(iii	(day)
γ						
Jan						
Feb		-		-	+	
Jan Feb Mar					+	
Feb						
Feb Mar						
Feb Mar April						
Feb Mar April May June						
Feb Mar April May June						
Feb Mar April May June July Aug						
Feb Mar April May June						
Feb Mar April May June July Aug Sep						
Feb Mar April May June July Aug Sep Oct Nov						
Feb Mar April May June July Aug Sep Oct	2800		-o p.s.i	300		9.5





Lot

Tract

Well Licence #

Well Status - Mode*:

Oil, Gas and Salt Resources Act Annual Report of Monthly **Injection** For the year 2004

Form 6	To: the Minister of Natural Resources				
Operator: Address:	Greentree Gas & Oil Ltd. 552 Newbold Street London, ON N6E 2S5	Tel. # 681-935	5	Fax#	681-3887
Well Name: Township:	Rodney Unit 3 Aldborough	Source Pool: Source Formation:	Basal Glacial Grave	l/Sand	

Fluid Type:

Injection Pool:

Injection Formation:

Fresh Water

Rodney R & R Unit 3

Dundee

Injection Permit #:

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

Concession

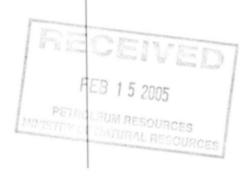
Description of fluid treatment prior to injection:	
No Treatment	

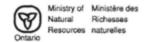
Month	Volume	Average Daily	Days on		
	Injected (m3)	Injection Pressure	Injection	Injection Rate	(m3/day)
		kPag			
January-04	2,989.0	1,741	31		96.4
February-04	2,757.0	1,609	29		95.1
March-04	2,661.0	1,755	31		85.8
April-04	2,664.0	1,929	30		88.8
May-04	2,696.0	1,891	31		87.0
June-04	2,652.0	1,910	30		88.4
July-04	2,851.0	1,930	31		92.0
August-04	2,823.0	1,895	31		91.1
September-04	1,470.0	1,073	30		49.0
October-04	4,318.0	1,730	31		139.3
November-04	470.0	122	30		15.7
December-04	-		31		-
Total	28,351.0				

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

Name: Duncap Hamilton Date: 15-Feb-05

Signiture: Position Held: President





JAN 2 6 2005

PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

Annual Report of Monthly Injection for the year 2004

Form 6 To: the Minister of Natural Resources Operator: Pintail Production Inc. Tel. # 519-472-1542 Fax # 519-472-9434 22687 Jury Road, R.R. #3 Address: 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	

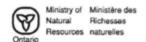
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

Month	Volume Injected (m ³)	Average Daily	Days on	Injection Rate
		Injection Pressure	Injection	(m ³ /day)
		(kPag at wellhead)		
Jan	1102.1	0	31	35.55
Feb	1279.1	0	28	45.68
Mar	1246.6	0	31	40.21
April	1208.6	0	30	40.29
May	424.3	0	31	35,36
June	458.5	0	30	35.27
July	860.3	0	31	27.75
Aug	459.0	0	31	14.81
Sept	423.7	0	30	14.12
Oct	318.3	0	31	10.27
Nov	141.2	0	10	14.1
Dec	0	0	0	
Total	7921.7			

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

Name: Claudia Cochrane	Date: January 21, 2005	
Signature: Caudia Coch Tare		



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JAN 27 2005

PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

Annual Report of Monthly **Injection** for the year 2004

 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.

I in injection were must be reported and an 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	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 inhibitor	r. Filtration
l		
I		

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	1274.1	0	31	41.1
Feb	1454.7	0	28	52.0
Mar	0	0	31	0
April	0	0	30	0
May	1272.2	0	31	41.0
June	1410.4	0	30	47.0
July	1305.4	0	31	42.1
Aug	1094.8	0	31	35.3
Sep	1412.3	0	30	47.1
Oct	1307.2	0	31	42.2
Nov	1414.0	0	30	47.1
Dec	1271.4	0	31	41.0
Total	13,216.5			

Name: Claudia Cochrane	Date: January 21, 2005	
Signature: Causic Coch Ture		

.



Annual Report of Monthly Injection for the year 2004

Form 6 To: the Minister of Natural Resources

Operator: Reef Resources Ltd.	Tel. # (403) 251-9447 ext. 201	Fax # (403) 251-9553
Address Suite 210, 550 – 71st Avenue S.E.		
Calgary, Alberta T2H 0S6		

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.

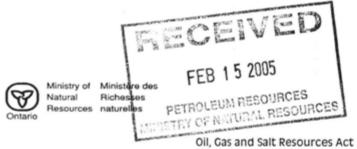
Well Name: Ausable No. 1	Source Pool: Ausable	
Township: Stephen	Source Formation: Guelph	
Tract 4 Lot 11 Concession XXII	Injection Fluid Type: Gas	
Well Licence #: T008842	Injection Formation: Guelph	
Well Status - Mode: Suspended Well	Injection Pool: Ausable	
Injection Permit #:		

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

Description of fluid treatment prior to injection:	
Gas re-injected for conservation until sales line and meter station is completed	
•	

Month	Volume Injected (10 ³ m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	RECEIVED
Jan	0	1		
Feb	107.9	1,895.8	12	JAN 2 6 2005
Mar	194.4	2,757.6	21	PETROLEUM RESOURCES
April	197.1	4,481.1	21	MINISTRY OF NATURAL RESOURCES
May	298.9	5,515.2	29	
June	0			
July	0			
Aug	0			
Sep	0			
Oct	0			
Nov	0			
Dec	0			
Total	798.3			

Name: Arnie Hansen	Date: January 21, 2005		
Signature:	President		



Annual Report of Monthly Injection For the year 2004

Form 6

To: the Minister of Natural Resources

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

Well Name: Township:

Rodney Unit 1

Aldborough

Tract Well Licence #

Lot

Concession

Source Pool: Source Formation:

Glacial drift Fresh Water

Fluid Type: Injection Formation: Columbus

Injection Pool:

Rodney Unit 1

Well Status - Mode*: 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	Injectio	n Rate (m3/day)
		kPag			
Jan	18,684.0	500 to 3200	31		602.7
Feb	15,732.0	500 to 3200	29	7 1 1	542.5
Mar	16,827.0	800 to 3100	31		542.8
April	15,928.0	500 to 3100	30		530.9
May	16,588.0	500 to 3000	31	7 1 1 4 1	535.1
June	14,625.0	500 to 3000	30		487.5
July	15,047.0	900 to 3100	31		485.4
Aug	15,297.0	300 to 3100	31		493.5
Sept	15,379.0	600 to 3000	30		512.6
Oct	16,441.0	500 to 3000	31		530.4
Nov	8,129.0	450 to 3050	30		271.0
Dec	13,592.0	500 to 3100	31	1 1 1	438.5
Total	182,269.0			1	

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





Oil, Gas and Salt Resources Act Annual Report of Monthly Injection For the year 2004

Form 6

To: the Minister of Natural Resources

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

Well Name: Township:

Well Licence #

Tract

Rodney Unit 2

Aldborough

Lot

Concession

Source Pool: Source Formation:

Glacial drift

Fluid Type:

Fresh Water

Injection Formation: Columbus

Injection Pool:

Rodney Unit 2

Well Status - Mode*: Injection Permit #:

* 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	7,147.0	138 to 3034	31	230.5
Feb	6,706.0	103 to 3037	28	239.5
Mar	7,455.0	172 to 3137	31	240.5
April	6,267.0	138 to 3034	30	208.9
May	6,949.0	200 to 3100	31	224.2
June	7,142.0	150 to 3100	30	238.1
July	6,922.0	120 to 3125	31	223.3
Aug	6,789.0	50 to 3100	31	219.0
Sept	6,608.0	150 to 3100	30	220.3
Oct	5,465.0	400 to 3010	31	176.3
Nov			0	
Dec			0	
Total	67,450.0			
Cum. Total**				4 4 4

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

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



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PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

Annual Report of Monthly **Injection** for the year 2004

Form 6 To: the Minister of Natural Resources

		THE RESIDENCE OF THE PARTY OF T
Operator: Talisman Energy	Tel. # (403) 231-2922 Fax	# (403) 231-3635
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	Hours on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
Jan	1815.0	2254.8	744	58.6
Feb	1365.0	2137.9	696	47.1
Mar	1477.0	1925.8	696	50.9
April	1455.0	2410.0	720	48.5
May	1542.0	2287.1	744	49.7
June	1385.0	2223.3	720	46.2
July	1457.0	2471.0	744	47.0
Aug	1546.0	2432.3	696	53.3
Sep	1459.0	2713.3	696	50.3
Oct	1454.0	2661.3	744	46.9
Nov	1402.0	2746.7	720	46.7
Dec	1471.0	2700.0	744	47.5
Total	17,828	28,963.5	8,664	592.7

Name: Chris Alston	Date: February 10, 2005
Signature:	Position Held: Canadian Operation Accountant



Annual Report of Monthly Injection for the year 2004

Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 231-2922 Fax # (403) 231-3635
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.

Source Pool:
Source Formation: Ordovician
Fluid Type: Oilfield Brine
Injection Formation: Trenton / Kirkfield
Injection Pool:

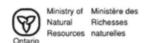
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	

Month	Volume Injected (m ³)	Average Daily	Hours on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
Jan	6883.0	2300.0	567	291.3
Feb	5970.0	2300.0	503	284.9
Mar	7415.0	2300.0	623	285.7
April	7904.0	2300.0	676	280.6
May	7487.0	2725.8	648	277.3
June	6663.0	2900.0	627	255.0
July	6728.0	2900.0	600	269.1
Aug	5834.0	2751.6	562	249.1
Sep .	8075.0	2893.3	683	283.7
Oct	8856.0	2900.0	723	294.0
Nov	8542.0	2900.0	698	293.7
Dec	8276.0	3054.8	695	285.8
Total	88,633.0	32,225.5	7,605	3350.2

Name: Chris Alston	Date: February 10, 2005
Signature:	Position Held: Canadian Operation Accountant





Annual Report of Monthly **Injection** for the year 2004

Form 6	To: the Minister of Natu						
				Fax	# (519) 433-7588		
Address:	200 Queens Ave., Suite 200						
	London, On. N6A 1J3						
This form	only applies to fluid injection f	or secondary rec	overy.				
	ion wells must be reported and al	l injection must b			ufficie	nt attach additional forms.	
Well Nan			Source Pool:				
Township			Source Formation:				
Tract Lot Concession			Fluid Type:				
Well Licence #:			Injection Formation:				
	us - Mode*:		Injecti	on Pool:			
Injection	Permit #:						
* As of D	ec. 31 - Active, suspended, abanc	doned, testing, po	tential				
Description	on of fluid treatment prior to inje-	ction:					
Month	Volume Injected (m³)	Average Daily		Days on		ction Rate	
	Injection Pressu			Injection	(m	/day)	
Jan	NIL REPORT	(kPag at wellhead)					
Feb							
Mar							
April							
May							
June							
July					+		
Aug							
Sep							
Oct					+		
Nov					+		
Dec					+-		
Total							
10111							
	o 1						
The under	signed certifies that the above inforn	nation is complete	and accura	ate and he/she has a	uthorit	y to bind the operator.	
Name:							
Signature	: 1101/48	~	Positio	on Held: Genera	l Mana	ger	

