



Annual Report of Monthly **Injection**
for the year 2005 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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	246.45	2756.92 (400 PSI)	31
Feb	222.60		28
Mar	246.45		31
April	238.50		30
May	246.45		31
June	238.50		30
July	246.45		31
Aug	246.45		31
Sep	238.50		30
Oct	246.45		31
Nov	238.50		30
Dec	246.45		31
Total	2901.75		365

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 2005

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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 1 & 2	Fluid Type: Fresh water
Well Licence #: see attached list	Injection Formation: Dundee
Well Status - Mode*: INJ - ACT	Injection Pool:
Injection Permit #: N/A	

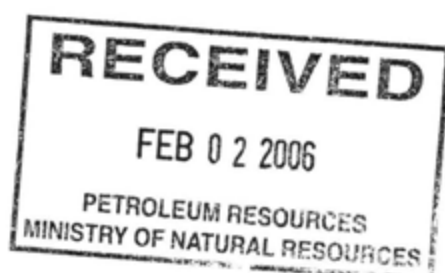
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	1410.50	2756.92 (400 PSI)	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	

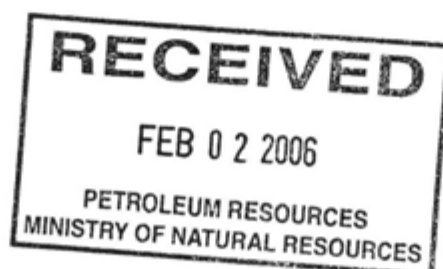
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.

Name: Donna Barnes	Date: January 21, 2006
Signature: <i>Donna Barnes</i>	



INJECTION WELLS
(all active)

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





Annual Report of Monthly **Injection** for the year 2005

Form 6

To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304	Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd		
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	Source Pool: Grand Bend
Township: McGillivray	Source Formation: Guelph
Tract Lot 41 Concession NB	Fluid Type: Salt water
Well Licence #: F011756	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:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	1213	-0-	31	39.1
Feb	1112	-0-	28	39.7
Mar	1249	-0-	31	40.3
April	1215	-0-	30	40.5
May	1278	-0-	31	41.2
June	1260	-0-	30	42.0
July	967	-0-	31	31.2
Aug	1031	-0-	31	33.3
Sep	1160	-0-	30	38.7
Oct	1183	-0-	31	38.2
Nov	987	-0-	30	32.9
Dec	1214	-0-	31	39.2
Total	13869		365	38.0

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 07, 2006
Signature: 	President



Annual Report of Monthly Injection for the year 2005

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd	
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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: February 07, 2006
Signature: <i>Madeline Brett</i>	President



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Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304	Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd		
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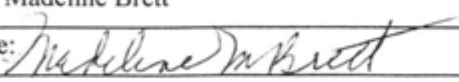
Well Name: Robert McMaster & Sons – Gobles 4	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 22 Concession 1	Fluid Type:
Well Licence #: 149	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

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

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Name: Madeline Brett	Date: February 07, 2006
Signature: 	President

Annual Report of Monthly Injection

for the year 2005

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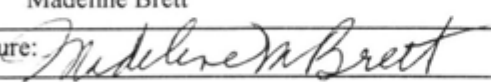
Well Name: Robert McMaster & Sons – Gobles 7	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 3 Lot 19 Concession 1	Fluid Type:
Well Licence #: 1025	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: February 07, 2006
Signature: 	President

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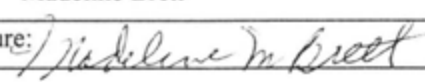
Well Name: Imperial Union Grand Bend #6	Source Pool: Grand Bend
Township: McGillivray	Source Formation: Guelph
Tract Lot 41 Concession NB	Fluid Type: Salt water
Well Licence #: 1063	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	1148	-0-	31	37.0
Feb	986	-0-	28	35.0
Mar	967	-0-	31	31.2
April	855	-0-	30	25.5
May	810	-0-	31	26.1
June	828	-0-	30	27.6
July	711	-0-	31	22.9
Aug	652	-0-	31	21.0
Sep	632	-0-	30	21.1
Oct	725	-0-	31	23.4
Nov	571	-0-	30	19.0
Dec	894	-0-	31	28.8
Total	9779		365	26.8

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 07, 2006
Signature: 	President



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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: McMaster – Gobles 20	Source Pool: Gobles
Township: Blenheim	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 ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total	↓	↓	↓	↓

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Name: Madeline Brett	Date: February 07, 2006
Signature: <i>Madeline M Brett</i>	President



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Address P.O. Box 20109, 431 Boler Rd		
London, Ontario N6K 4G6		

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

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Name: Madeline Brett	Date: February 07, 2006
Signature: <i>Madeline Brett</i>	President

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London, Ontario N6K 4G6		

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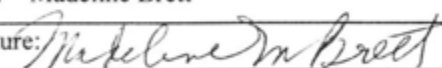
Well Name: Imperial Kewanee - Gobles 45	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 3 Lot 7 Concession 1	Fluid Type:
Well Licence #: 1719	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: February 07, 2006
Signature: 	President



Annual Report of Monthly Injection for the year 2005

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd	
London, Ontario N6K 4G6	

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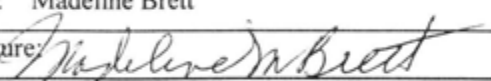
Well Name: Kewanee - Gobles 41	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 7 Lot 16 Concession 1	Fluid Type:
Well Licence #: 1909	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: February 07, 2006
Signature: 	President

Annual Report of Monthly Injection

for the year 2005

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4335
Address P.O. Box 20109, 431 Boler Rd	
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.

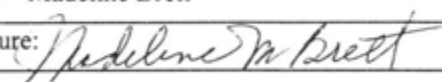
Well Name: Kewanee - Gobles 41	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 7 Lot 1622 Concession 1	Fluid Type:
Well Licence #: 1909	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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: February 07, 2006
Signature: 	President

ANNUAL REPORT OF MONTHLY INJECTION

for the year ending December 31, 2005

Operator Name:	CHATHAM RESOURCES LTD.	Well Permit No.:	Injection Permit No.
Address:	20 Jackson St. W., Ste. 410 Hamilton, ON L8P 1L2	Well Name:	Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)
		Location: County Township Lot Conc.	Injection Formation

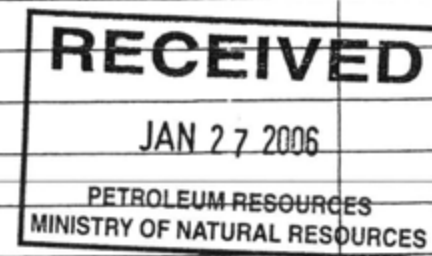
(1) All injection wells operated must be reported (2) All injection must be reported (3) Where space is insufficient, attach additional forms.

[illegible]

January-26, 2006

SIGNATURE:

W. J. Chatter.





Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2005

Form 6

To the Minister of Natural Resources

Operator:	Clearbeach Resources Inc.	Tel. #	(519) 657 - 2151	Fax #	(519) 657 - 423 96
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 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		

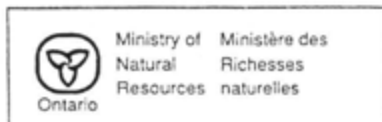
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	0	0	0	0
Feb				Abandoned - 04.Jan.05
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
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:	10.Feb.06
Signature:		Position Held:	President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2005

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 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*:	Oil Producer	Injection Pool:	West Becher Unit				
Injection Permit #:	Order in Council - 17.Apr.63						

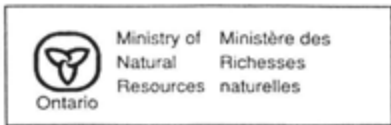
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

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 (m ³ /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:	10.Feb.06
Signature:		Position Held:	President



Oil, Gas and Salt Resources Act
Annual Report for Monthly Injection
for the year 2005

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:	Imperial 619 - Warwick # 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 (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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	Abandoned - June 7, 2005			
July				
Aug				
Sep				
Oct				
Nov				
Dec				
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:	10.Feb.06
Signature:		Position Held:	President



Annual Report of Monthly Injection
for the year 2005

Form 6

To: the Minister of Natural Resources

Operator: <u>CITRUS FAIRBANK OIL PROP.</u>	Tel. #	Fax #
Address	<u>882-0230</u>	<u>882-3363</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: <u>MORNINGSTAR</u>	Source Pool: <u>OIL SPRINGS</u>
Township: <u>CUNISILLON</u>	Source Formation: <u>DEVONIAN</u>
Tract Lot <u>II</u> Concession <u>19</u>	Fluid Type: <u>PRODUCED WATER</u>
Well Licence #:	Injection Formation: <u>DEVONIAN</u>
Well Status - Mode*:	Injection Pool: <u>OIL SPRINGS</u>
Injection Permit #:	

* 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)	Days on Injection	Injection Rate (m ³ /day)
Jan				
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total	<u>1770</u>	<u>200 p.s.i.</u>	<u>190</u>	

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

Name: <u>C. FAIRBANK</u>	Date: <u>FEB 14/06</u>
Signature: <u>[Signature]</u>	



Ministry of Natural Resources
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the year 2005

Form 6 To: the Minister of Natural Resources
Operator: Greentree Gas & Oil Ltd. Tel. # 681-9355 Fax # 681-3887
Address: 207,209 Consortium Court
London, ON N6E 2S8

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*: Injection Pool: Rodney R & R Unit 3
Injection Permit #:

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

Description of fluid treatment prior to injection:

No Treatment

Month	Volume Injected (m3)	Average Daily Injection Pressure kPag	Days on Injection	Injection Rate (m3/day)
January-05	-	-	31	-
February-05	-	-	28	-
March-05	2,643.0	311	31	85.3
April-05	6,435.0	1,570	30	214.5
May-05	8,050.0	2,099	31	259.7
June-05	3,574.0	2,208	30	119.1
July-05	3,981.0	2,402	31	128.4
August-05	2,133.0	1,256	31	68.8
September-05	2,069.0	1,241	30	66.7
October-05	3,124.0	1,508	31	100.8
November-05	2,557.0	1,534	30	85.2
December-05	2,171.0	1,417	31	70.0
Total	36,737.0		365	

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

Name: Duncan Hamilton Date: 15-Feb-06

Signature: Position Held: President



Annual Report of Monthly Injection for the year 2005

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.

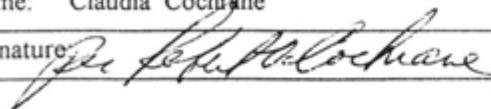
Well Name: Roth & Roth 4 Johnson 1 Enn. 31-XIV	Source Pool: Brine Ponds, Dow Chemical Canada
Township: Enniskillen	Source Formation: Salina B Salt
Tract 4 Lot 31 Concession XIV	Fluid Type: Cavern-washing brine
Well Licence #: 8571	Injection Formation: Guelph
Well Status - Mode*: Active	Injection Pool: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

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	1166.0	0	31	37.61
Feb	1343.1	0	28	47.97
Mar	212.7	0	5	42.54
April	0	0	0	0
May	1164.4	0	31	37.56
June	988.3	0	30	32.94
July	1129.4	0	31	36.43
Aug	1376.5	0	31	44.40
Sep	1375.7	0	30	45.86
Oct	1304.6	0	31	42.08
Nov	1375.6	0	30	45.85
Dec	1235.0	0	31	39.84
Total	12671.3			

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 28, 2006
Signature: 	



Annual Report of Monthly Injection
for the year 2005

RECEIVED

FEB 10 2006

PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

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: Plympton 5-19-VI
Township: Plympton	Source Formation: Guelph
Tract 3 Lot 20 Concession VI	Fluid Type: Formation 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 Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /day)
Jan	0	0	31	0
Feb	0	0	28	0
Mar	0	0	31	0
April	0	0	30	0
May	200.3	0	31	6.46
June	105.3	0	30	3.51
July	135.2	0	31	4.36
Aug	321.0	0	31	10.35
Sept	310.5	0	30	10.35
Oct	308.9	0	31	9.96
Nov	265.9	0	10	8.86
Dec	323.2	0	0	10.43
Total	1970.1			

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

Name: Claudia Cochrane	Date: January 28, 2006
Signature:	



Annual Report of Monthly Injection for the year 2005

Form 6 To: the Minister of Natural Resources

Operator: Reef Resources Ltd.	Tel. # (403) 251-9447	Fax # (403) 251-9553
Address P.O. Box 20311 Calgary Place RPO, Calgary, Alberta T2P 4J4		

This form only applies to fluid injection for secondary recovery.

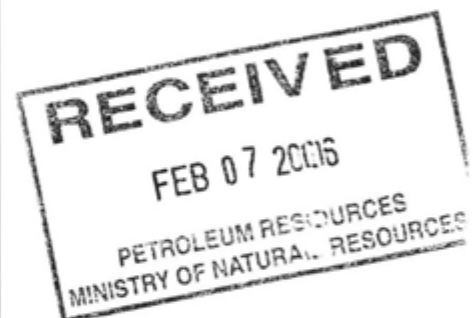
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

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 #:	

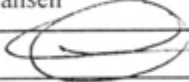
* As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:

Month	Volume Injected (10 ³ m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	0		
Feb	0	0	0
Mar	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
Aug	0	0	0
Sep	0	0	0
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0
Total	0	0	0



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

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



Annual Report of Monthly Injection for the year 2005

Form 6 To: the Minister of Natural Resources

Operator: Reef Resources Ltd.	Tel. # (403) 251-9447	Fax # (403) 251-9553
Address P.O. Box 20311 Calgary Place RPO, Calgary, Alberta T2P 4J4		

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:

Month	Volume Injected (10 ³ m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	0		
Feb	0	0	0
Mar	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
Aug	0	0	0
Sep	0	0	0
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0
Total	0	0	0

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

Name: Arnie Hansen	Date: January 29, 2006
Signature: 	President



Ministry of Natural Resources
Ministère des Richesses naturelles

Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the year 2005

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	Lot	Concession	Fluid Type:	Fresh Water
Well Licence #			Injection Formation:	Columbus
Well Status - Mode*:			Injection Pool:	Rodney Unit 1
Injection Permit #:				

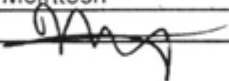
* As of Dec 31 - Active, suspended, abandoned, testing, potential

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	16,327.0	500 to 3200	31	526.7
Feb	10,338.0	500 to 3200	29	356.5
Mar	6,191.0	800 to 3100	31	199.7
April	9,463.0	500 to 3100	30	315.4
May	9,422.0	500 to 3000	31	303.9
June	15,122.0	500 to 3000	30	504.1
July	15,084.0	900 to 3100	31	486.6
Aug	10,990.0	300 to 3100	31	354.5
Sept	9,985.0	600 to 3000	30	332.8
Oct	10,002.0	500 to 3000	31	322.6
Nov	13,869.0	450 to 3050	30	462.3
Dec	18,600.0	500 to 3100	31	600.0
Total	145,393.0			

Note: Injection into both the Unit 1 and Unit 2 wells is included in this sheet from June onward.

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-06
Signature:		Position Held:	Manager, Ontario Operations



Oil, Gas and Salt Resources Act
Annual Report of Monthly Injection
For the year 2005

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 2	Source Pool:	
Township:	Aldborough	Source Formation:	Glacial drift
Tract	Lot	Fluid Type:	Fresh Water
Concession		Injection Formation:	Columbus
Well Licence #		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 Injected (m3)	Average Daily Injection Pressure kPag	Days on Injection	Injection Rate (m3/day)
Jan	-	138 to 3034	0	
Feb	-	103 to 3037	0	
Mar	4,045.0	172 to 3137	31	130.5
April	6,762.0	138 to 3034	30	225.4
May	6,681.0	200 to 3100	31	215.5
June				
July				
Aug				
Sept				
Oct				
Nov				
Dec				
Total	17,488.0			
Cum. Total**				

** Cumulative volume disposed since the well was first activated.

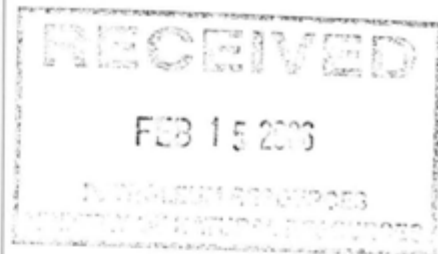
Note: Rodney Unit 1 combined with Unit 2 as of June 1, 2005. All injection volumes for old Unit 2 injection wells are included in the Rodney Unit 1 data from June onward.

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-06
Signature:		Position Held:	Manager, Ontario Operations



Annual Report of Monthly Injection for the year 2005



Form 6 To: the Minister of Natural Resources

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

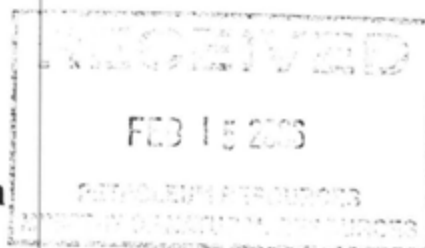
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Hours on Injection	Injection Rate (m ³ /day)
Jan	6692.0	2972.6	703	215.9
Feb	6092.0	3164.3	581	251.7
Mar	6882.0	2912.9	660	250.3
April	7281.0	3140.0	698	251.1
May	6731.0	3000.0	642	251.6
June	4973.0	2888.3	497	240.2
July	5853.0	2775.8	560	251.2
Aug	5964.0	2853.2	607	236.6
Sep	5762.0	2950.0	545	253.8
Oct	5207.0	2780.6	490	255.2
Nov	6106.0	2646.7	610	240.4
Dec	5432.0	2750.0	727	179.3
Total	72975.0			

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

Name: Chris Alston	Date: February 01, 2006
Signature: 	Position Held: Canadian Operation Accountant



Annual Report of Monthly Injection for the year 2005



Form 6 To: the Minister of Natural Resources

Operator: Talisman Energy	Tel. # (403) 231-2922	Fax # (403) 231-3635
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 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 (m ³ /day)
Jan	1389.0	2700	744	44.8
Feb	926.0	2157.1	576	38.6
Mar	1065.0	2074.2	648	39.4
April	1058.0	1936.7	696	36.5
May	1107.0	1829.0	744	35.7
June	1096.0	1833.3	720	35.5
July	1297.0	1909.7	720	43.2
Aug	1532.0	2538.7	744	49.4
Sep	1557.0	2846.7	720	51.9
Oct	1540.0	2722.6	744	49.7
Nov	1411.0	2686.7	720	47.0
Dec	1320.0	2467.7	744	42.6
Total	15298.0			

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

Name: Chris Alston	Date: February 01, 2006
Signature:	Position Held: Canadian Operation Accountant



Annual Report of Monthly **Injection** for the year 2005

Form 6 To: the Minister of Natural Resources

Operator: Torque 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.

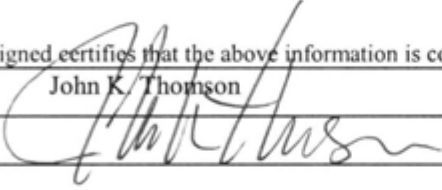
Well Name:	Source Pool:
Township:	Source Formation:
Tract Lot Concession	Fluid Type:
Well Licence #:	Injection Formation:
Well Status - Mode*:	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m ³ /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 K. Thomson	Date: February 14, 2006
Signature: 	Position Held: General Manager

