

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.

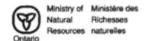
Source Pool:
Source Formation:248'
Injection Fluid Type: fresh water
Injection Formation: Dundee
Injection Pool:

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

Description of fluid treatment prior to injection:	AND THE PROPERTY OF THE PROPER
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

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



Injection Permit #: N/A

Oil, Gas and Salt Resources Act

Annual Report of Monthly **Injection** for the year ____2005_

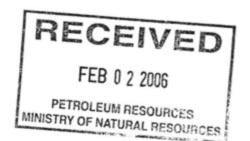
Form 6 To: the Minister of Natural Resources		
Operator: Lonnie Barnes Te	el. # 519-834-233 7	Fax #519-834-2155
Address 2581 Duryee St.		
Oil Springs, ON N0N 1P0		
This form only applies to fluid injection for secondary and All injection wells must be reported and all injection must		ient attach additional 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:	

* 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	1410.50	2756.92 (400 PSI)	31	45.5	
Feb	1274.00		28		
Mar	1410.50		31		
April	1365.00		30		
May	1410.50		21		

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	

Name: Donna Barnes	Date: January 21, 2006
Signature: Donna Barnes	



INJECTION WELLS

(all active)

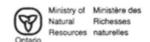
WELL NAME	WELL LICENCE #
Barnes FW #1, Enniskillen-18-2	T010215
Barnes FW #2, Enniskillen-18-2	T010216
Barnes FW #3, Enniskillen-18-2	T010217
Barnes FW #4, Enniskillen-18-2	T010218
Barnes FW #5, Enniskillen-18-2	T010219
Barnes FW #6, Enniskillen-18-2	T010220
Barnes FW #7, Enniskillen-18-2	T010221
Barnes 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

RECEIVED

FEB 0 2 2006

PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

		17.5



Annual Report of Monthly **Injection** for the year ____2005_

Form 6	To: the Minister of Natural Resourc	es		
Operator:	Cameron Petroleum Inc	Tel. # (519) 657-9304	Fax # (519	9) 647-4335
Address	P.O. Box 20109, 431 Boler Rd			
	London, Ontario N6k 4g6			
This form	only applies to fluid injection for seconda	EL PACONARII		

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 #:		

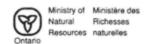
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	

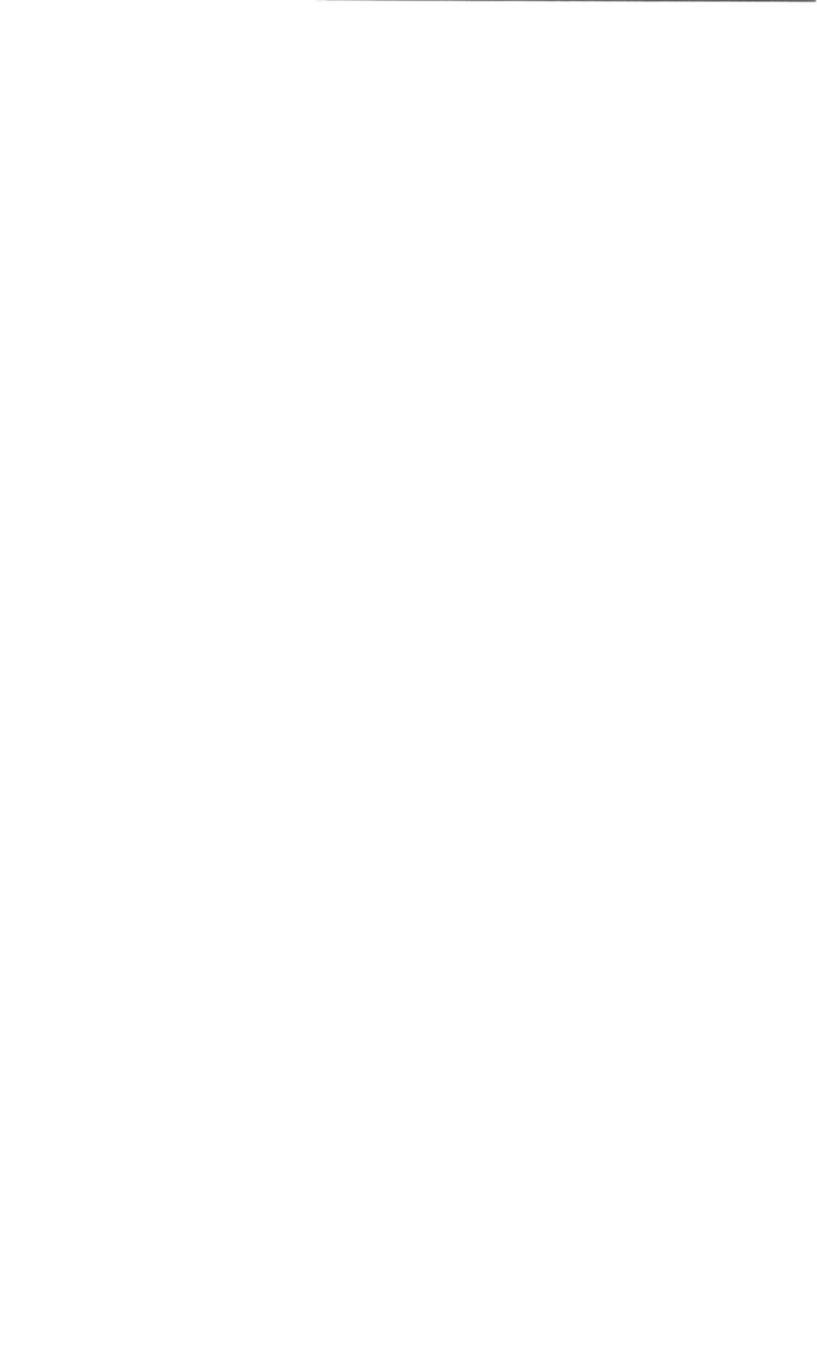
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	1213	-0-	31	39.1
Feb	1112	-0-	28	39.7
Mar	1249	-0-	31	40.3
April	1215	-0-	30	40.5
May	1278	-0-	31	41.2
June	1260	-0-	30	42.0
July	967	-0-	31	31.2
Aug	1031	-0-	31	33.3
Sep	1160	-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

Name: Madeline Brett	Date: February 07, 2006
Signature: Nedeline / Drett	President





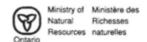
	To: the initiater of t	Natural Resources					
_	Cameron Petroleum Inc		el. # (519) 6	57-9304	Fax # (5	19) 647-4335	
Address	P.O. Box 20109, 431 Boler						
	London, Ontario N6K 4G	6					
This form All injecti	only applies to fluid injection wells must be reported an	on for secondary red all injection mus	recovery. st be reporte	d. If space i	s insuffici	ent attach additional forms.	
Well Nam	ne: Robert McMaster & Sons	s – Gobles 2	Source	Pool:	(obles	
Township	: Blenheim			Formation:			
Tract	Lot 19 Concession	on 1	Fluid T				
Well Lice				n Formation	1:		
	us - Mode*: Suspended		Injection	n Pool:			
Injection	Permit #:						
* As of D	ec. 31 - Active, suspended, a	bandoned, testing,	potential				
Description	on of fluid treatment prior to	injection:					
				A Louis of the Louis			
Month	Volume Injected (m ³)	Average Dail		,		ection Rate	
	Injection Pressure					n ³ /day)	
Jan	NIL	(kPag at well	NIL			NIL	
Feb	+		1		-		
Mar	 	_	-				
April					_		
May					_		
June	 				_		
July	 	-	-		_		
Aug	 		+		_		
	 		+		_		
Sen		i i					
Sep							
Oct							
Oct							
Oct							





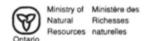
Form 6	To: the Minist	er of Natur	ral Resources						
_	Cameron Petroleum I		Tel.	# (519)	557-9304	Fax #	(519)	647-433	5
Address	P.O. Box 20109, 431	Boler Rd							
	London, Ontario No	6K 4G6							
	only applies to fluid in				d. If spa	ce is insuf	ficient	attach ad	ditional forms.
Well Name: Robert McMaster & Sons – Gobles 4 Source Pool: Gobles									
Township:	Blenheim			Source	Formatio	on:			
Tract	Lot 22 Cor	ncession 1		Fluid 7	ype:				
Well Licer	nce #: 149			Injection	on Forma	tion:			
Well Statu	s - Mode*: Suspend	ded		Injection	on Pool:				
Injection F	Permit #:								
* As of De	ec. 31 - Active, suspen	ded, aband	loned, testing, po	tential			-		
,									
Descriptio	n of fluid treatment pr	ior to injec	ction:						
							-		
				es the Control of the Control	-		-		
Month	Volume Injected (m	3、 1	Avenage Deile		Down		Y-1	tion Data	
Month	Volume Injected (m)	Average Daily Injection Pressu	re	Days or Injectio		Injection Rate (m³/day)		
			(kPag at wellhea			"	(17,003)		
Jan	NII	L		IL	NIL			NIL	
Feb									
Mar									
April									
May									
June									
July									
Aug									
Sep									
Oct									
Nov							+		
Dec							_		
Total				,		,	+		
	igned certifies that the al	bove inform	ation is complete a					to bind the	operator.
Name: N	Madeline Brett			Date:	Febru	ary 07, 20	06		
Signature:	Madeline m	But	1	Presid	ent				





Signature: M. Seleven Brett			Pres	dent			
Name: N	Madeline Brett	2 /	Date			, to oma me	operator.
The unders	signed certifies that the above	information is com	nlete and acci	rate and he/she h	as authori	ty to bind the	operator.
Total	*		*	*			V
Dec							
Nov							
Oct							
Sep							
Aug							
July							
June							
May							
April							
Mar							
Feb							
Jan	NIL		NIL	NIL		1	VIL
Month	Volume Injected (m³)	Average I Injection I (kPag at v	Pressure vellhead)	Days on Injection		ection Rate 3/day)	
			No. 11.	I Davis	1,	ation D	
Description	on of fluid treatment prior	to injection:					
* As of Do	ec. 31 - Active, suspended	, abandoned, testir	ng, potential				
Injection I							
	ıs - Mode*: Suspended		Injec	tion Pool:			
Well Lice	nce #: 1025		Injec	tion Formation:			
Tract 3	Lot 19 Conce	ession 1	Fluid	Type:			
	: Blenheim			ce Formation:			
OWNERS OF THE PARTY OF	e: Robert McMaster & So			ce Pool:		obles	ditional forms.
This form	only applies to fluid injection wells must be reported	ction for secondar	ry recovery.	ted If space is	insuffici	ent attach ac	Iditional forms
	London, Ontario N6K 4	A RESIDENCE OF THE PARTY OF THE					
Address	P.O. Box 20109, 431 Bo						
_	Cameron Petroleum Inc		Tel. # (519	057-9304	dX # (3)	9) 647-433	J





Annual Report of Monthly Injection for the year _____2005

Form 6 To: the Minister of Natural Re	esources
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.

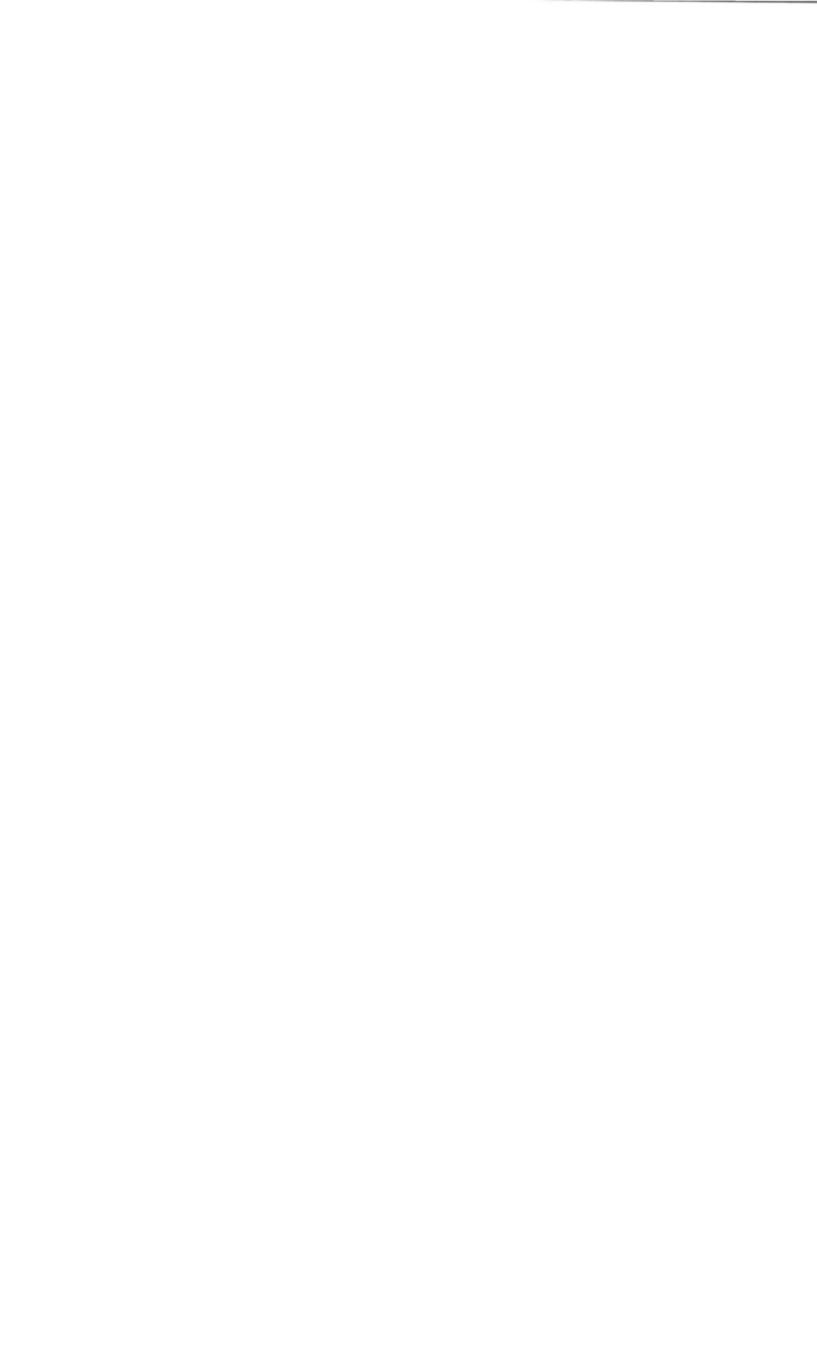
Well Name: Imperial Union Grand Bend #6	Source Pool:	Grand Bend
Township: McGillivray	Source Formation:	Guelph
Tract Lot 41 Concession NB	Fluid Type:	Salt water
Well Licence #: 1063	Injection Formation:	Guelph
Well Status - Mode*: Active	Injection Pool:	
Injection Permit #:		

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

Description of fluid treatment prior to injection:	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	ction Rate /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

Name: Madeline Brett	Date: February 07, 2006	•
Signature: / Madeline In Greet	President	



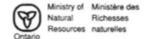


Form 6	To: the Minister of Na	turai Resources						
_	Cameron Petroleum Inc		. # (519) (657-9304	Fax # (51	9) 647-433	5	
Address	P.O. Box 20109, 431 Boler R	d						
	London, Ontario N6K 4G6							
	only applies to fluid injection			1 10		,	11	
	ion wells must be reported and	all injection must	where the party of the last	of the last two party and the last	and the last of the last of the	THE RESERVE AND POST OF THE PARTY.	iditional forms.	
	ne: McMaster – Gobles 20 D: Blenheim		Source Pool: Gobles Source Formation:					
	7 Lot 16 Concession	. 1	Fluid 7					
Well Licence #: 1287 Injection Formation:								
Well Licence #: 1287 Injection Formation: Well Status - Mode*: Suspended Injection Pool:								
Injection			Injection	on root.				
CHARLEST AND DESCRIPTION OF REAL PROPERTY.	ec. 31 - Active, suspended, aba	ndonad testing n	otential	ALBERTA TO STATE OF THE STATE O				
AS OI D	ec. 51 - Active, suspended, aba	indoned, testing, p	otentiai					
Description	on of fluid treatment prior to in	jection:						
	,							
	-							
Month	Volume Injected (m ³)	Average Daily				ection Rate	/day)	
		Injection Press (kPag at wellho		Injection	(m	/day)		
Jan	NIL		NIL			NIL		
Feb								
Mar								
April								
May								
June								
July								
Aug								
Sep			1					
Oct		<u> </u>						
Nov								
Dec			1			<u> </u>		
Total	+		+	+		١ ,	+	
	signed certifies that the above info	rmation is complete				ty to bind the	operator.	
Name:	Madeline Brett		Date:	February	y 07, 2006			
Signature	nispeline no Breto	+	Presid	ent				
The state of the s								





Form 6	To: the Minister of Na	tural Resources					
Operator	: Cameron Petroleum Inc	Tel.	# (519) 6:	57-9304	Fax # (5	19) 647-43	35
Address	P.O. Box 20109, 431 Boler F	Rd					
	London, Ontario N6K 4G6						
	n only applies to fluid injection						
ALCOHOLD STREET	tion wells must be reported and	all injection must be	THE RESERVE TO SHARE	THE RESERVE OF THE PARTY OF THE	THE RESERVE TO SHARE SHOWN	THE RESERVE OF THE PERSON NAMED IN	dditional forms.
	ne: Kewanee Gobles 24		Source Pool: Gobles				
	p: Blenheim			Formation	:	-	
Tract	Lot 18 Concession	1	Fluid Ty				
Well Lice				n Formati	on:		
	tus - Mode*: Suspended		Injection	n Pool:			
	Permit #:						
* As of D	Dec. 31 - Active, suspended, aba	andoned, testing, po	tential				
Descripti	on of fluid treatment prior to in	iection:				-	
Descripti	on or maid treatment prior to in	jection.				+	
Month	Volume Injected (m ³)	Average Daily			njection Rat	e	
		Injection Pressu			m ³ /day)		
Y	NIII.	(kPag at wellhea				NIII	
Jan	NIL	N N	IL	NII	,		NIL
Feb							
Mar							
April							
May							
June							
July							
Aug							
Sep							
Oct							
Nov							
Dec							
Total	+	+		+			+
T1							
	signed certifies that the above info Madeline Brett	rmation is complete a	Date:		e has author y 07, 2006		e operator.
	7				y 07, 2006		
Signature	Mudeline In Bre	a	Presider	nt			
	,						



Form 6	To: the Mini	ster of Nati	ıral Resources						
Operator:	Cameron Petroleum	Inc	Tel.	# (519) 6	557-9304	Fax # (519) 647-4	4335	
Address	P.O. Box 20109, 43		i						
	London, Ontario	N6K 4G6							
	only applies to fluid on wells must be rep				d. If spac	e is insuffi	cient attacl	h additional forms.	
THE RESERVE OF THE PARTY OF THE	e: Imperial Kewanee			Source Pool:					
	Blenheim		Source	Formatio	n:				
Tract 3	3 Lot 7 C	oncession	1	Fluid T	ype:				
Well Licence #: 1719 Injection Formation:									
Well Statu	ıs - Mode*: Suspe	nded		Injection	on Pool:				
Injection I	Permit #:								
* As of De	ec. 31 - Active, susp	ended, aban	doned, testing, po	tential					
Descriptio	n of fluid treatment	prior to inje	ection:						
					_		-		
N	T	3,	D.11		D.				
Month	Volume Injected (m°)	Average Daily Injection Pressu	ıra	1 1		Injection R (m³/day)	ate	
			(kPag at wellhe		Hijection	'	(III /day)	(/day)	
Jan	N	IIL		IL	NIL			NIL	
Feb									
Mar									
April									
May									
June									
July									
Aug		-							
Sep									
Oct							_		
Nov							+		
Dec						-	+		
Total		<u> </u>		,					
Management				-	-	-	-		
The unders	igned certifies that the	above inform	mation is complete a	ind accura	te and he/s	he has author	ority to bind	the operator.	
	Madeline Brett		•	Date:		ry 07, 200		-	
Signature	Meteline.	m ha	opt	Preside	ent				
	man in	VN I INX	W/ 1						





Form 6

Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

I. This form on All injection	O. Box 20109, 431 Boler R London, Ontario N6K 4G6	d) 657-9304 F:		9) 647-4335	
This form on All injection	ondon, Ontario N6K 4G6	cu .					
All injection							
Wall Mama:	nly applies to fluid injection wells must be reported and			ted. If space is in	nsufficie	ent attach additional form	
well Name.	Kewanee - Gobles 41		Sour	ce Pool:	Ģ	obles	
Township:	Blenheim		Sour	ce Formation:			
Tract 7	Lot 16 Concessio	n 1	Fluid	Type:			
Well Licence	e#: 1909		Injec	tion Formation:			
Well Status -	Mode*: Suspended		Injec	tion Pool:			
Injection Per	mit #:						
* As of Dec.	31 - Active, suspended, aba	indoned, testir	ng, potential				
Description of	of fluid treatment prior to in	iection:					
	,						
Month	Volume Injected (m³) Average Da Injection Pro			essure Injection		Injection Rate (m³/day)	
		(ici ag ac i			\rightarrow	NIL	
Jan	NIL		NIL	NIL		NIL	
	NIL	-	NIL	, NIL		NIL	
Feb	NIL		NIL	NIL		NIL	
Feb Mar	NIL		NIL	NIL		NIL	
Feb Mar April	NIL		NIL	, NIL		NIL	
Feb Mar April May	NIL		NIL	NIL		NIL	
Feb Mar April May June	NIL		NIL	NIL		NIL	
Feb Mar April May June July	NIL		NIL	NIL		NIL	
Feb Mar April May June July Aug	NIL		NIL	NIL		NIL	
Feb Mar April May June July Aug Sep	NIL		NIL	NIL		NIL	
Feb Mar April May June July Aug Sep Oct	NIL		NIL	NIL		NIL	
Feb Mar April May June July Aug Sep Oct Nov	NIL		NIL	NIL		NIL	
Jan Feb Mar April May June July Aug Sep Oct Nov Dec Total	NIL		NIL	NIL		NIL	





Form 6	To: the Minis	ster of Natu	ral Resources					
Operator:	Cameron Petroleum	Inc	Te	el. # (519)	657-9304	Fax # (5	19) 647-433	35
Address	P.O. Box 20109, 43	1 Boler Rd						
	London, Ontario N	16K 4G6						
This form	n only applies to fluid	injection f	for secondary r	ecovery.				
	ion wells must be repo	the state of the s	ll injection mus	the second second second second				dditional forms.
	ne: Kewanee - Gobles	41		Source			Gobles	
	: Blenheim				Formation	1:		
Tract	7 Lot 1622	Concession	on 1	Fluid 7				
Well Lice					on Formati	on:		
	us - Mode*: Susper	nded		Injection	on Pool:			
Injection	Permit #:							
* As of D	ec. 31 - Active, suspe	nded, aban	doned, testing,	potential				
D	60.11						-	
Descripti	on of fluid treatment p	orior to inje	ection:				-	
Month	Volume Injected (n	n ³)	Average Dail	v	Days on In		jection Rate	:
		,	Injection Pres	ssure	ure Injection (m		n ³ /day)	
			(kPag at well					
Jan	N	IL		NIL	NII	L	1	NIL
Feb								
Mar								
April								
May								
June								
July								
Aug								
Sep								
Oct								
Nov								
Dec							<u> </u>	
Total	,	,		+	+			+
				_	,		-	
	signed certifies that the	above inform	nation is complet				+-	e operator.
Name:	Madeline Brett		,	Date:	Februar	ry 07, 2006		
Signature	"Medeline V	2 6100	1	Presid	ent			
	paune /	1 Janes	1				-	



Ministry of Natural Resources FORM 109

January 26, 2006

Petroleum Resources Act

ANNUAL REPORT OF MONTHLY INJECTION

for the year ending December 31, 2005

ator Nar	me: CH P	THAM RESOURCES	LTD.	Well Pern	nit No.:			Injection Permit No.			
ess:	Нап	Jackson St. W., ilton, ON	Ste. 410	Well Nam	e:			Purpose of Injection (Secondary Recovery/Enhand Other-Describe)	nced Recovery/		
	LSF	1 L 2		Location:				Injection Formation			
				<u> </u>	County	Township Lot	Conc.	•			
(1) Al	Il injection wells ope	rated must be reported	(2) All injection mu	ust be report	ed (3) Where space	is insufficient, attach addic	onal forms.				
		INJECTION	N DATA					AVERAGE DAILY			
rh	Fluid Source	Fluid Type	Fluid Treatment Pr 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	HAVE NO WATER I	JECTION WEI	LLS, TH	EREFORE, NO E	RINE WATER WAS	INJECTED	DURING THE YEAR			
		-			1						
		,						RECEIV	ED		
							,	JAN 2 7 2006			
								PETROLEUM RESOURCE MINISTRY OF NATURAL RES	ES OURCES		
								•			
ALS											
					/ / -	//					



Name:

Signature:

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

Form 6			To the Mi	nister of Nat	ural Resources		
Operator:	Clea	rbeach Reso	urces Inc.	Tel.#	(519) 657 - 2151	Fax # (519) 657 - 429 96	
Address:	Unit E - 309	9 Commissio	ners Road West,				
	London, Or	ntario, N6J 1	/ 4				
		-	for secondary recov				
All injec	tion wells must be	reported and all	injection must be repo	rted. If spa	ce is insufficient attach a		
Well Nam	Vell Name: Imperial Bluewater (894)				Pool:	Thames River	
Township	:	Dunwi	ch	Source	Formation:	Not applicable	
Tract:	5 Lot:	22 Cor	ncession: 2	Fluid T	ype:	Fresh Water	
Well Licer	nce #:	17	85	Injectio	n Formation:	Cambrian	
Well Statu	us - Mode*:	Su	spended	Injectio	n Pool:	Willey	
Injection Permit #: Energy Board Order 41							
* As of	Dec. 31 - Active, si	uspended, aban	doned, testing, potenti	al			
Descriptio	on of fluid treatr	ment prior to i	njection: flocu	lation, se	ttling pond		
			Average [
	Values la	:	Injection Pre		Days on	Injection Rate	
Month		jected (m³)	(kPag at wel	inead)	Injection	(m³/day)	
Jan	-	0	0		0	0	
Feb						Abandoned - 04.Jan.05	
Mar							
April	-						
Мау							
June							
July							
Aug							
Sep							
Sep Oct							
Aug Sep Oct Nov							

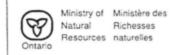
Date:

Position Held:

10.Feb.06

President





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

Form 6	To the Min	ister of Nati	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 Nar	me:	Imperial	Oil 220 -	- Becher 53 - Johr	ston 2	Source Pool:	Syden	ham River & Production
Township: Sombra				Source Formation:		Salina - A 1 Unit		
Tract:	2	Lot:	9	Concession:	5	Fluid Type:	Fre	sh & Salt Water
Well Lice	ence :	#:		8601		Injection Formation:		A 1 Salina - Silurian
Well Sta	tus -	Mode*:		Oil Producer		Injection Pool:		West Becher Unit
Injection	Pern	nit #:	Order i	in Council - 17.Ap	r.63			

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

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

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

Name:	per/J	ane K	owne	Date: 1	0.Feb.06
Signature:	per J		mine	Position Held:	President



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

Form 6	To the M				
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 recov				
All injectio	n wells must be reported and all injection must be reported	ditional form	S.		

Well Name:	Im	perial 6	19 - 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 Per	mit #:						

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

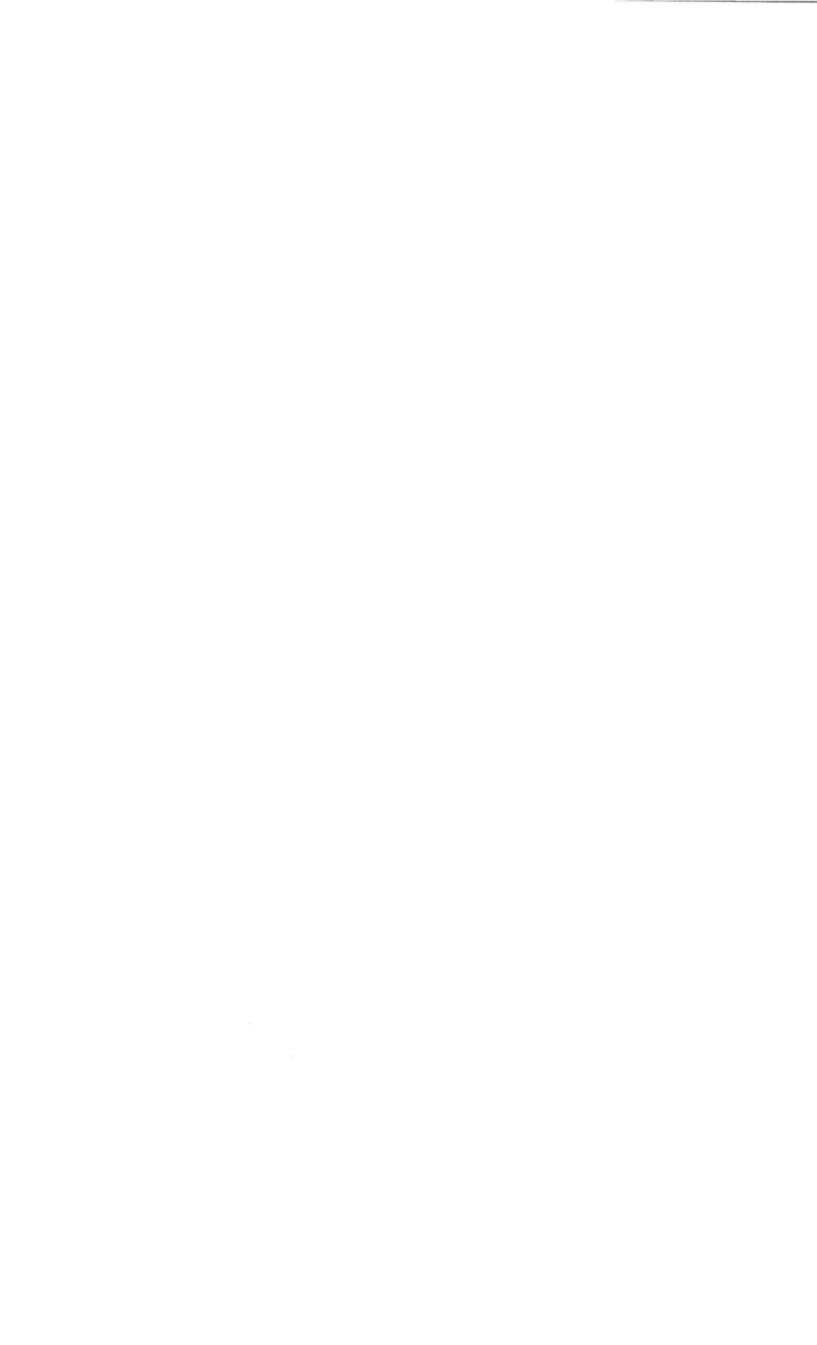
Description of fluid treatment prior to injection: floculation, settling pond

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		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: Date: 10.Feb.06

Signature: Position Held: President





Operator.Cir	Annua Zanazani all	Prop. Tel.	44	Fax #			
Address				-0230	2-3363		
11001035	0.400			0230	00	2 - 9 9 0 0	
This form on	ly applies to fluid injection f	for secondary rec	overy.		-		
All injection	wells must be reported and al	l injection must b	e reporte	d. If space is insu	fficien	t attach additional forms.	
Well Name:	MORNINGSTAN		Source	Pool: 014	SPA	IN45	
Township: ONNISICILLOW						N IM	
	24	19	Fluid Type: Products WATER				
Well Licence			Injection Formation: De stow in				
Well Status -			Injection	on Pool: Oik	S	PRINSS	
Injection Peri							
* As of Dec.	31 - Active, suspended, aband	doned, testing, po	tential				
Description	of fluid treatment prior to inject	ction			-		
Description o	of fluid treatment prior to inject	ction:			_		
					_		
The state of the s	Annah a				-		
Month V	onth Volume Injected (m³) Average			Days on	Injec	ction Rate	
		Injection Pressu	ire Injection	(m³/day)			
		(kPag at wellhe	ad)		-		
Jan							
Feb				process western	- North	A CONTRACTOR SANCTOR	
Feb Mar				provide a visit of	Selver of the se	The state of the s	
Feb Mar April					\$ J.		
Feb Mar April May					EB.		
Feb Mar April May June				The state of the s	e.j.	15 2073	
Feb Mar April May June July					e.j.		
Feb Mar April May June July Aug				The state of the s	e.j.	15 2073	
Feb Mar April May June July Aug Sep					e.j.	15 2073	
Feb Mar April May June July Aug Sep Oct					e.j.	15 2073	
Feb Mar April May June July Aug Sep Oct Nov					e.j.	15 2073	
Feb Mar April May June July Aug Sep Oct Nov Dec		200 0.50			e.j.	15 2073	

					I		
Ministry	of Ministère des -						
- (V) Natural	Richesses _			-			
- Ontario	es naturelles -		-				
		01.0	L				
		Oil, Gas and Salt Resour					
	Annual F	Report of Monthly					
		For the year	2005				
Form 6		Natural Resources					
Operator:	Greentree Gas & O		Tel. #	681-9355		Fax #	681-3887
Address:	207,209 Consortium						
	London, ON N6E	2S8					
				L			
Well Name:	Rodney Unit 3		Source Po		Basal		
Township:	Aldborough		Source Fo		Glacial Gra		
Tract	Lot	Concession	Fluid Type		Fresh Wa	ter	
Well Licence #			Injection F		Dundee		
Well Status - Mo			Injection P	ool:	Rodney R	& R Unit 3	
Injection Permit							
* As of Dec 31 -	Active, suspended	, abandoned, testing	, potential				
		L					
	id treatment prior t	o injection:					
No Treatment							
Month	Volume	Average Daily	Days on				
	Injected (m3)	Injection Pressure	Injection		njection Ra	ate (m3/day	y)
		kPag					
January-05		-	31			-	
February-05		-	28			-	
March-05		311	31			85.3	
April-05		1,570	30			214.5	
May-05		2,099	31			259.7	
June-05		2,208	30			119.1	
July-05		2,402	31			128.4	
August-05		1,256	31			68.8	
September-05		1,241	30			66.7	
October-05		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				
		ormation is complete and		ne/she has aut			
Name:	Duncan Hamilton	1	Date:			15-Feb-06	
	-	2					
Signiture:	11		Position He	eld:	President		

///



Annual Report of Monthly Injection for the year 2005

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.

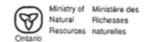
Well Name: Roth & Roth 4 Johnson 1 Enn. 31-XIV	Source Pool: Brine Ponds, Dow Chemical Canada			
Township: Enniskillen	Source Formation: Salina B Salt			
Tract 4 Lot 31 Concession XIV	Fluid Type: Cavern-washing brine			
Well Licence #: 8571	Injection Formation: Guelph			
Well Status - Mode*: Active	Injection 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 (m³/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	1,375.6	0	30	45.8\$
Dec	1235.0	0	31	39.84
Total	12671.3			

ı	Name: Claudia Cochrane	Date: January 28, 2006	
	Signature Left Melochane		
	// /		



RECEIVED

FEB 1 0 2006

PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

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

Form 6 To: the Minister of Natural Resource	es	
Operator: Pintail Production Inc.	Tel. # 519-472-1542 Fax #	19-472-9434
Address: 22687 Jury Road, R.R. #3 Komoka, Ontario NON 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

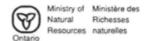
Description of fluid treatment prior to injection: addition of oxygen scavenger and scale in hibitor: filtration

Month	Volume Injected (m ³)	Average Daily	Days on	Injection Rate
	, , , , , ,	Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
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			

Name: Claudia Cochrane

Signature:

Signatu



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.

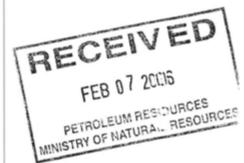
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

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 #:			

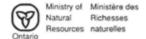
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

	Description of fluid treatment prior to injection:	
1		

Month	Volume Injected (10 ³ m ³)	Average Daily Injection Pressure	Days on Injection
Jan	0	(kPag at wellhead)	
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



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 Resour

Operator: Reef Resources Ltd.	Tel. # (40)	3) 251-9447	Fax	# (4	103) 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.

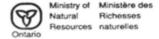
Well Name: Ausable No. 1	Source Pool: Ausable	
Township: Stephen	Source Formation: Guelph	
Tract 4 Lot 11 Concession XXII	Injection Fluid Type: Gas	
Well Licence #: T008842	Injection Formation: Guelph	
Well Status - Mode: Suspended Well	Injection Pool: Ausable	
Injection Permit #:		

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

Description of fluid treatment prior to injection:	

Month	Volume Injected (103m3)	Average Daily	Days on
		Injection Pressure	Injection
		(kPag at wellhead)	
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

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



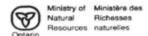
Annual Report of Monthly Injection For the year 2005

Form 6	To: the Minister	of Natural Resources				
Operator: Address:	Shiningbank End P. O. Box 9009, London, Ontario	1795 Ernest Ave	Tel. # 649-051	1	Fax#	649-6667
FAC-U NI	Dada Hait 4		I Course Dool		-	
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 - Me	ode*:		Injection Pool:	Rodney Unit	1	
Injection Permit	#:		,			
* As of Dec 31 -	Active, suspende	ed, abandoned, testing	, potential			
Description of fl	uid treatment prio	or to injection:				
Mater is filtered	the state of the s					

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

Name:	Jim McIntosh	Date:	15-Feb-06
Signiture:		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: Address:	Shiningbank Energy Limited P. O. Box 9009, 1795 Ernest Ave London, Ontario, N6E 2V5	Tel.#	649-0511	Fax#	649-6667

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

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

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

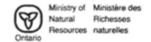
Month	Volume	Average Daily	Days on	
	Injected (m3)	Injection Pressure	Injection	Injection Rate (m3/day)
		kPag		
Jan	-	138 to 3034	0	
Feb	-	103 to 3037	0	
Mar	4,045.0	172 to 3137	31	130.5
April	6,762.0	138 to 3034	30	225.4
May	6,681.0	200 to 3100	31	215.5
June				
July				
Aug				
Sept				
Oct				
Nov				
Dec				
Total	17,488.0			
Cum. Total**				

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

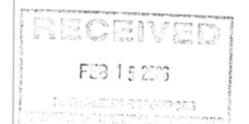
Note: Rodney Unit 1 combined with Unit 2 as of June 1, 2005. All injection volumes for old Unit 2 injection wells are included in the Rodney Unit 1 data from June onward.

Name:	Jim Molntosh	Date:	15-Feb-06
Signiture:	Jim MoIntosh	Position Held:	Manager, Ontario Operations





Annual Report of Monthly Injection for the year 2005



Form 6	To: the Minister of Natu	ral Resources
Operator: Tal	isman Energy	Tel. # (403) 231-29

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.

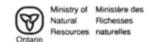
Well Name: Mersea 6-23-VII	Source Pool:
Township: Mersea	Source Formation: Ordovician
Tract 6 Lot 23 Concession VII	Fluid Type: Oilfield Brine
Well Licence #: 6935	Injection Formation: Trenton / Kirkfield
Well Status - Mode*: Active	Injection Pool:
Injection Permit #: TA 40049 IP	

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily	Hours on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
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			

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



FEB 1 5 2003

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 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	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			

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							
	172			433-7710	Fa	x # (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				
Township:				Formation:			
Tract	Lot Concession		Fluid Type:				
Well Licer			-	on Formation:			
Well Statu	- 1.1041		Injection	on Pool:			
Injection P							
* As of De	c. 31 - Active, suspended, abanc	doned, testing, po	tential				
Descriptio	n of fluid treatment prior to inject	ction:					
Month	Volume Injected (m³)	Assessed Deiler		Davis an	Tod	action Data	
Month	Volume Injected (m ³)	Average Daily Injection Pressu	Days on	Injection		ection Rate //day)	
		(kPag at wellhe		Injection	((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, 2			
Signature:	J'In Clas	~	Positio	n Held: Genera	l Man	ager	

