

Annual Report of Monthly **Injection** for the year <u>2006 amended</u>

Form 6 To: the Minister of Natural Resource	es	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:	CONTRACTOR SEASON STATE OF CASE OF CAS
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
Married Williams Commission of the Commission of			THE RESERVE AND ADDRESS OF THE PARTY OF THE

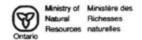
Name: Donna Barnes	Date: April 2, 2009
Signature: Donner Burner	



Annual Report of Monthly **Injection** for the year 2006

Form 6	To: the Minister of Natu	ral Resources				
Operator:	Liberty Oil & Gas Ltd.	Tel.	# (403) 229-2968	Fa	x # (403) 229-2978
Address:	301, 1324 - 11th Ave. SW					
	Calgary, AB T3C 0M6					
	only applies to fluid injection from wells must be reported and al			d. If space is insu	fficie	nt attach additional forms.
Well Name			Source			
Township:			Source	Formation:		
Tract	Lot Concession		Fluid 7	ype:		
Well Licer	nce #:		Injection	on Formation:		
Well Statu	s - Mode*:		Injection	on Pool:		
Injection P	Permit #:					
* As of De	ec. 31 - Active, suspended, aband	doned, testing, pot	ential			
Description	n of fluid treatment prior to inject	ction:				
Month	Volume Injected (m ³)	Average Daily Injection Pressur (kPag at wellhea		Days on Injection		ction Rate (day)
Jan	NIL REPORT					
Feb						
Mar						
April						
May						
June						
July						
Aug						
Sep						
Oct						
Nov						
Dec						
Total						
	gned certifies that the above inform	nation is complete an				to bind the operator.
Name:	Morley Salmon	f	Date:	February 14, 20	07	
Signature:	A M		Positio	n Held: Director		





Annual Report of Monthly **Injection** for the year 2066

Form 6	To: the Minister of Natu	ral Resource	es			
Operator:(CITATULES FAIRIMANK C	old Prop			Fax #	
Address			519-08	2-0230	519-	882 - 3363
	only applies to fluid injection f					
COLUMN TWO IS NOT THE OWNER.	on wells must be reported and al	Il injection m				
Well Nam	e: MORNING STAN				h-	PRINSS
Township	713 166			Formation:		ONIM
Tract	Lot I Concession	19	Fluid			(1) WATER
Well Lice				on Formation		nu inv
	us - Mode*:		Injecti	on Pool:	014 5	PRIN 45
Injection I	THE RESIDENCE OF THE PARTY OF T					
* As of De	ec. 31 - Active, suspended, aband	doned, testin	ig, potential			
Descriptio	on of fluid treatment prior to inje	ection:	Constitution of			
Descriptio	on or maid deadness prior to inje	CHOIL.				
Month	Volume Injected (m³)	Average D	aily	Days on	Injec	tion Rate
		Injection P	Pressure Injection		(m ³ /c	
		(kPag at w	rellhead)			
Jan						
Feb						And the second
Mar					HE	CEIVE
April						- County in
May						FEB 1 5 2007
June					<i>t</i> 1	
July					MINICTOV	OLEUM RESOURCES
Aug				,		NATURAL RESOURCES
Sep						
Oct						
Nov						
Dec						
Total	900	200	D.S.;	100		
		-	The second second			
	signed certifies that the above inform	nation is comp			has authority	to bind the operator.
Name: (20. FAIRBANK		Date:	700 14	107	
Cianatura						
Signature	Wila FaB.	1				



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Minist Natura	•					FFR 1	2007
- (() /	rces naturelles						- 2001
- Ontario					PET	ROLEUM	RESOURCES
		Oil, Gas and Salt Resour			STEIMIN :	OF NATU	BALRES. U
	Annual R	eport of Monthly	Injection		TV-TEMBERTON	Minneson and a series	
		For the year	2006				
Form 6	To: the Minister of	Natural Resources					
Operator:	Greentree Gas & Oi	l Ltd.	Tel.#	681-9355		Fax #	681-3887
Address:	207,209 Consortiun						
	London, ON N6E 2	2S8					
Well Name:	Rodney Unit 3		Source Po		Basal		
Township:	Aldborough		Source For		Glacial Gray		
Tract	Lot	Concession	Fluid Type:		Fresh Water	er	
Well Licence #			Injection Fo		Dundee		
Well Status - M			Injection P	ool:	Rodney R &	R Unit 3	
Injection Permi							
As of Dec 31	- Active, suspended	, abandoned, testing	, potential				
D	1. id to to	- !-!					
	luid treatment prior t	o injection:					
No Treatment	-						
Month	Volume	Augraga Dailu	Doug on				
Month		Average Daily Injection Pressure	Days on		I Injection Rat	o /m2/do	
	Injected (m3)	kPag	Injection		T Rai	e (ms/da	y)
lanuar.	1,366.0	499	31			44.1	
January February	1,098.0	532	28			39.2	
March	1,425.0	486	31		-	46.0	
April	1,425.0	- 400	30			- 40.0	
May	+		31			-	
June	623.0	468	30			20.8	
July	2,642.0	1,724	31			85.2	
August	2,476.0	1,665	31			79.9	
September	1,067.0	1,321	30			35.6	
October	303.0	1,091	31			9.8	
November		- 1,001	30			-	
December	2,207.0	1,252	31			71.2	
Total	13,207.0	.,202	365				
	10,20710						
The undersigned of	ertifies that the above inf	orpration is complete and	accurate and I	ne/she has au	thority to bind th	ne operator.	
Name:	Duncan Hamilton	1	Date:		1 1	\$-Feb-07	
	Duncan Hamilton	1	Date:		1 1	5-Feb-07	-

		_



RECEIVED FEB 0 8 2307 PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

Fax # 649-6667

Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the year 2006

Form 6 To: the Minister of Natural Resources

Operator: Shiningbank Energy Limited P. O. Box 9009, 1795 Ernest Ave Address:

London, Ontario, N6E 2V5

Well Name: CCS #10 - McMillan No.27, Aldborough-5-V Source Pool: Rodney Unit

Township: Aldborough

Source Formation: Fluid Type:

Glacial drift, Columbus

Rodney Unit

Tract Lot Concession Well Licence #

19-1

Injection Formation:

Tel. # 649-0511

Fresh Water, Produced water Columbus

Well Status - Mode*: Inj - ACT Injection Pool: Injection Permit #:

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

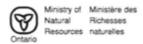
Description of fluid treatment prior to injection:

Water is filtered

Month	Volume	Average Daily	Days on	
	Injected (m3)	Injection Pressure	Injection	Injection Rate (m3/day)
		kPag		
Jan	20,270	500 to 3200	31	653.9
Feb	15,755	500 to 3200	28	562.7
Mar	16,009	800 to 3100	31	516.4
April	16,791	500 to 3100	30	559.7
May	18,378	500 to 3000	31	592.8
June	19,265	500 to 3000	30	642.2
July	17,067	900 to 3100	31	550.5
Aug	19,021	300 to 3100	31	613.6
Sept	17,505	600 to 3000	30	583.5
Oct	16,236	500 to 3000	31	523.7
Nov	14,427	450 to 3050	30	480.9
Dec	15,745	500 to 3100	31	507.9
Total	206,469			

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



Form 6

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MINISTRY OF NATURAL RESOURCES

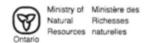
Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

Annual Report of Monthly **Injection** for the year 2006

		Tel.	# (403) 2	237-1785	Fax 7	(403) 231-3635	
Address 3400 888 3 rd St. S. W. Calgary, Alberta							
T2P 5C5							
	only applies to fluid injection jon wells must be reported and a				d. If space is	insuffic	cient attach additional forms.
Well Name	e: Mersea 6-23-VIII			Source			
Township:				Source	Formation: (Ordovio	ian
Tract	Lot Concession			Fluid T	ype: Oilfield	Brine	
	nce #: 6935			-	on Formation:	Trente	on/Kirkfield
	s - Mode*: Active			Injection	on Pool:		
	Permit #: TA 40049 IP						
* As of De	ec. 31 - Active, suspended, aban	doned, testi	ng, pot	tential			
Descriptio	n of fluid treatment prior to inje	ection:					
Month	Volume Injected (m ³)	Average Daily Injection Pressure		re	Hours on Injection		njection Rate m³/day)
		(kPag at v	vellhea	ad)			
Jan	5499	2517.7		741			
Feb	5266	2750			665		
Mar	6635	2798.4			744		
April	5088	2800			720		
May	4503	1811.3			714		
June	4892	2125			703		
July	4932	2377			670		
Aug	4295	2500			682		
Sep	4966	2125			684		
Oct	5144	1985			714		
Nov	4749	1867			703		
Dec	4647	1567.7			673		
Total	60,616						
					The same of the sa	-	
The unders Name:	igned certifies that the above inform		plete a	nd accura Date:			
3/ 3/ 2/ // // // //			Date:	Feb.	1016)	
Signature: Sant of Many				DA			





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Annual Report of Monthly Injection PETROLEUM RESOURCES for the year 2006

To: the Minister of Natural Resources Form 6

Operator: Talisman Energy	Tel. # (403) 237-1785 Fax # (403) 231-3635
Address 3400 888 3rd St. S. W. Calgary, Alberta	
T2P 5C5	
This form only applies to fluid injection for second	arv 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:	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	

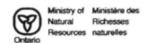
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	

Month	Volume Injected (m³)	Average Daily Injection Pressure	Hours on Injection	Injection Rate (m³/day)
		(kPag at wellhead)		
Jan	1203	2356.5	744	
Feb	995	2175	672	
Mar	1115	2235.4	744	
April	1028	2053.3	720	
May	1134	2090.3	744	
June	1558	2380	720	
July	1969	2611.3	744	
Aug	1741	2851.6	744	
Sep	1703	2906.7	720	
Oct	1586	3000	744	
Nov	1474	3000	720	
Dec	199.4	33.9	72	
Total	15,705.4			

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.					
Name: SAJIN MAHMOOD	Date: Feb 10/67				
Signature: Soyld Marie	PA				
* //					





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PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

Annual Report of Monthly Injection for the year _____2006

Form 6 To: the Minister of Natural	Resources	
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 #1-18	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*: ACT	Injection Pool:
Injection Permit #: N/A	

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

Description of fluid treatment prior to injection:	
Settling in pond	

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

Name: Donna Barnes	Date: January 16, 2007	
Signature: Donna Barnes		



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INJECTION WELLS

(all active)

PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

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 ____2006_

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.

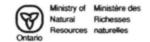
Well Name: Imperial Union Grand Bend #6	Source Pool:	Grand Bend
Township: McGillivray	Source Formation:	Guelph
Tract Lot 41 Concession NB	Fluid Type:	Salt water
Well Licence #: 1063	Injection Formation:	Guelph
Well Status - Mode*: Active	Injection Pool:	
Injection Permit #:		

^{*} 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	Injection Rate (m³/day)
Jan	1613	-0-	31	52.0
Feb	2147	-0-	28	76.7
Mar	2268	-0-	31	73.2
April	1656	-0-	30	55.2
May	1621	-0-	31	52.3
June	1487	-0-	30	49.6
July	1401	-0-	31	45.1
Aug	1416	-0-	31	45.2
Sep	1384	-0-	30	47.2
Oct	1337	-0-	31	44.6
Nov	1332	-0-	30	44.1
Dec	1320	-0-	31	42.6
Total	18972		365	627.80

The didersigned certifies that the doore information is complete at	id decarate	ture nerone mas acutorit	to onia me operator.	
Name: Madeline Brett	Date:	February 07, 2006		
Signature: Morell	Presiden	nt		



Annual Report of Monthly **Injection** for the year ____2006_

Form 6	To: the Minister	of Natural	Resources
rorm 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.

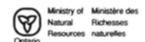
Well Name: Imperial Union Grand Bend #2	Source Pool:	Grand Bend
Township: McGillivray	Source Formation:	Guelph
Tract Lot 41 Concession NB	Fluid Type:	Salt water
Well Licence #: F011756	Injection Formation:	Guelph
Well Status - Mode*: Active	Injection Pool:	
Injection Permit #:		

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

Description of fluid treatment prior to injection:

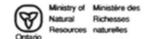
Month	Volume Injected (m³)	Average Daily	Days on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
Jan	1074	-0-	31	34.6
Feb	1289	-0-	28	46.0
Mar	1699	-0-	31	54.8
April	974	-0-	30	32.4
May	895	-0-	31	28.9
June	904	-0-	30	29.2
July	967	-0-	31	28.3
Aug	871	-0-	31	28.1
Sep	869	-0-	30	29.0
Oct	875	-0-	31	28.2
Nov	854	-0-	30	28.4
Dec	862	-0-	31	27.8
Total	13869		365	395.7

Name: Madeline Brett	Date: February 07, 2007
Signature: Morets	President



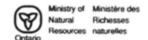
Annual Report of Monthly **Injection** for the year _____2006_

Form 6	To: the Minister of N	atural 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							
	only applies to fluid injection							,
	on wells must be reported and				ce is insuf			dditional forms.
	Well Name: Imperial Kewanee - Gobles 45				Source Pool: Gobl			
Township: Blenheim Source Formation:								
Tract 3 Lot 7 Concession 1 Fluid Type: Well Licence #: 1719 Injection Formation:								
					tion:	-		
Well Status - Mode*: Suspended Injection Pool: Injection Permit #:								
THE RESERVE OF THE PERSON NAMED IN	the second property of the second					-		
* As of Dec. 31 - Active, suspended, abandoned, testing, potential								
Descriptio	n of fluid treatment prior to in	njection:						
						_		
Month	Volume Injected (m³)	Average Daily		Dave on		Inioc	tion Pate	1
Monui	onth Volume Injected (m³) Average Daily Injection Pressure Days on Injection Rate Injection (m³/day)							
	(kPag at wellhead)							
Jan	NIL	N	IL	N	IL		1	VIL
Feb								
Mar								
April								
May								
June								
July								
Aug								
Sep								
Oct								
Nov								
Dec								
Total	+	1	,	1	,		,	·
The under	igned certifies that the above info	ormation is complete a	nd accura	ite and he/s	the has aut	hority	to hind the	operator.
	Madeline Brett	ormanon is complete a	Date:		ary 07, 20		ond the	operator.
Signature:	Defort.		Preside	ent				
Signature: President								



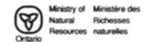
Annual Report of Monthly **Injection** for the year _____2006_

Form 6	To: the Minis	ster of Natu	ral Resources						
Operator: Cameron Petroleum Inc Tel. # (519) 657-9304 Fax # (519) 647-4335									
Address	P.O. Box 20109, 43								
	London, Ontario N	16K 4G6							
	only applies to fluid on wells must be repo				d. If spac	e is insu	fficient	attach ac	dditional forms.
Well Name	Well Name: Kewanee - Gobles 41				Pool:		Gob	les	
Township: Blenheim Source Formation:									
Tract 7 Lot 16 Concession 1 Fluid Type:									
Well Licence #: 1909					on Format	ion:			
Well Status - Mode*: Suspended				Injection	on Pool:				
Injection Permit #:									
* As of Dec. 31 - Active, suspended, abandoned, testing, potential									
Descriptio	n of fluid treatment p	orior to inje	ction:						
24 - 1		3,	L. D.11	-	l n			·	
Month	Volume Injected (m³) Average Daily Days on Injection Pressure Injection				(m ³ /d	tion Rate			
	(kPag at wellhead)								
Jan	N	IL		NIL NIL			1	VIL.	
Feb									
Mar									
April									
May									
June									
July									
Aug									
Sep									
Oct									
Nov									
Dec									
Total	,	,	+		+	,		,	\
								-	
	igned certifies that the Madeline Brett	above inforn	nation is complete a	nd accura		the has au ary 07, 20		o bind the	e operator.
						ny 07, 20	70 /		
Signature:	mbrett			Presid	ent				



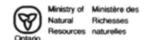
Annual Report of Monthly **Injection** for the year ____2006_

Form 6	To: the Mini	ster of Natu	ral Resources						
	Cameron Petroleum			el. # (519)	657-9304	Fax # ((519)	647-433	5
Address	P.O. Box 20109, 43	1 Boler Rd							
	London, Ontario N	16K 4G6							
	only applies to fluid								
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional					ditional forms.				
	e: Kewanee Gobles	24		Source			Gob	les	
	Blenheim				Formation	1:			
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	CO-: 1 tt	anion to inio	*******				-		
Descriptio	n of fluid treatment p	orior to inject	ction:				-		
							_		
Month	Volume Injected (r	n ³)	Average Dail	lv	Days on	T	Inject	ion Rate	
	Injection Pressure Injection (m³/d								
	(kPag at wellhead)								
Jan	N	IL		NIL	NII			1	NIL
Feb									
Mar									
April									
May									
June									
July									
Aug									
Sep									
Oct									
Nov									
Dec				_					
Total	,	,		+	+			,	,
				-					
	igned certifies that the	above inform	nation is complet					o bind the	operator.
Name: N	Madeline Brett			Date:	Februar	y 07, 200	7		
Signature:	In broth			Presid	ent				
	- prinor								



Annual Report of Monthly **Injection** for the year ____2006_

Form 6	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	5				
	only applies to fluid injection					
NAME OF TAXABLE PARTY.	on wells must be reported and	d all injection m	nust be reporte	ed. If space is	insufficient	attach additional forms
	e: McMaster - Gobles 20		Source		Got	oles
	Blenheim			Formation:		
Tract 7		on 1	Fluid			
Well Licer				on Formation	:	
	s - Mode*: Suspended		Injecti	on Pool:		
Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential						
* As of De	c. 31 - Active, suspended, at	oandoned, testin	ng, potential			
Description	n of fluid treatment prior to i	njection:				
Month	Valuma Injected (m ³)	Augree D	No.ile.	Days on	Inico	tion Rate
Monui	Volume Injected (m³)	Average Daily Days on Injection Injection Pressure Injection (m³/day)				lav)
		(kPag at wellhead)				
Jan	NIL		NIL	NIL		ŅIL
Feb						
Mar						
April						
May						
June						
July						
Aug						
Sep						
Oct						
Nov						
Dec						
Total	+		+	+		+
Name: N	igned certifies that the above in Madeline Brett	formation is comp	Date:	February	has authority 07, 2007	to bind the operator.
Signature: Aufsit President						



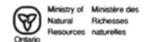
Annual Report of Monthly **Injection** for the year ____2006_

Operator: Cameron Petroleum Inc 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 form 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 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) Month Volume Injection Rate (m³/day)
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 form 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 #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure Injection Rate (m³/day)
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All injection wells must be reported and all injection must be reported. If space is insufficient attach additional form 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 #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure Injection Rate (m³/day)
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 #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure Injection Injection Rate (m³/day)
Township: Blenheim Tract 3 Lot 19 Concession 1 Fluid Type: Well Licence #: 1025 Well Status - Mode*: Suspended Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure Injection Rate Injection Rate Injection Pressure Injection Rate Injection Pressure
Tract 3 Lot 19 Concession 1 Fluid Type: Well Licence #: 1025 Injection Formation: Well Status - Mode*: Suspended Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure Injection Injection Rate Injection (m³/day)
Well Licence #: 1025 Well Status - Mode*: Suspended Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure Injection Injection Rate Injection Injection Injection Rate Injection Injection Rate Injection Injection Injection Rate Injection Inject
Well Status - Mode*: Suspended Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure Injection Injection Rate (m³/day)
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 Injection (m³/day)
* As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Days on Injection Rate Injection Pressure Injection (m³/day)
Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Days on Injection Rate (m³/day)
Month Volume Injected (m³) Average Daily Days on Injection Rate Injection Pressure Injection (m³/day)
Month Volume Injected (m³) Average Daily Days on Injection Rate Injection Pressure Injection (m³/day)
Injection Pressure Injection (m³/day)
Injection Pressure Injection (m³/day)
Injection Pressure Injection (m³/day)
Injection Pressure Injection (m³/day)
(kPag at wellhead)
Jan NIL NIL NIL NIL
Feb
Mar
April
May
June
July
Aug
Sep
Oct
Nov
Dec
Total + +
Total + + + +
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, 2007
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, 2007



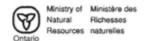
Annual Report of Monthly **Injection** for the year _____2006_

Form 6	To: the Minister of I	Natural Resources					
	Cameron Petroleum Inc	Т	Γel. # (519)	657-9304	Fax # (519) 647-4335	5
Address	P.O. Box 20109, 431 Boles						
	London, Ontario N6K 4G	6					
	n only applies to fluid injection wells must be reported ar			ad Ifenacai	e incufficion	t attach ad	ditional forms
	ne: Robert McMaster & Sons			e Pool:	The second secon	bles	ditional forms.
	: Blenheim	- 000ies 4		e Formation:	00	oies	
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	on of fluid treatment prior to	injection:					
Month Volume Injected (m³) Average Daily Days on Injection Rate							
	Injection Pressure Injection (m³/day)						
	(kPag at wellhead)						
Jan	NIL		NIL	NIL		N	IL
Feb							
Mar							
April							
May							
June							
July							
Aug							
Sep							
Oct							
Nov							
Dec							
Total	+		+	+		+	,
The under	signed certifies that the above in	oformation is comple	nte and accoun	rate and he/che	hae authority	to hind the	operator
	Madeline Brett	normation is comple	Date:			o oma me	operator.
Signature: MSrett President							



Annual Report of Monthly **Injection** for the year _____2006_

Form 6	To: the Minis	ter of Natu	ral Resources						
Operator:	Cameron Petroleum			l. # (519)	657-9304	Fax #	# (519)	647-433	5
Address	P.O. Box 20109, 43	l Boler Rd							
	London, Ontario N	6K 4G6							
	only applies to fluid on wells must be repo				d. If spa	ce is insu	fficien	t attach ad	Iditional forms.
Well Nam	e: Robert McMaster	& Sons – C	Gobles 2	Source	Pool:		Got	oles	
Township:	Blenheim			Source	Formation	on:			
Tract	Lot 19 Co	ncession 1		Fluid Type:					
Well Licer	nce #: 141				on Forma	tion:			
Well Statu	s - Mode*: Suspen	ded		Injecti	on Pool:				
Injection F	Permit #:								
* As of De	ec. 31 - Active, susper	nded, aband	doned, testing, p	otential					
Descriptio	n of fluid treatment p	rior to inje	ction:						
					-				
Month	Volume Injected (m	n³)	Average Daily Injection Press (kPag at wellh	sure	Days or Injectio		Injec (m³/c	tion Rate day)	
Jan	NI	L		NIL	N	IL		N	NIL
Feb									
Mar									
April									
May									
June									
July									
Aug									
Sep									
Oct									
Nov									
Dec									
Total	•	,		+	,	,		,	,
The unders	igned certifies that the a	above inform	nation is complete	and accura	ate and he/	she has au	thority	to bind the	operator.
Name: N	Madeline Brett			Date:	Febru	ary 07, 20	007		
Signature:	Mond			Presid	ent				
	,								



Annual Report of Monthly **Injection** for the year 2006

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 (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	305.7	0	31	9.86
Feb	243.7	0	28	8.70
Mar	324.8	0	31	10.48
April	159.2	0	30	5.31
May	230.6	0	31	19,22
June	267.3	0	30	20,56
July	249.5	0	31	8.05
Aug	264.0	0	31	8.52
Sept	250.8	0	30	8.36
Oct	280.2	0	31	9.04
Nov	200.7	0	30	6.69
Dec	54.7	0	31	1.76
Total	2831.1			

Name: Claudia Cochrane	Date: February 8, 2007	
Signature: Caudia Cochrame		





Annual Report of Monthly **Injection** for the year 2006

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 \$alt
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 inhibito	r. Filtration
1		

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	1341.1	0 .	31	43.26
Feb	988.3	0	28	35.3
Mar	67.7	0	5	2.18
April	0	0	0	0
May	1376.5	0	31	44.4
June	1479.4	0	30	49.31
July	1305.6	0	31	42.12
Aug	1446.3	0	31	46.65
Sep	1270.3	0	30	42.34
Oct	1377.0	0	31	44.42
Nov	1305.9	0	30	43.53
Dec	1094.6	0	31	35.31
Total	13052.7			

Name: Claudia Cochrane	Date: February 8, 2007	
Signature: Causia Colyranu		





Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection for the year 2006

Form 6 To: the Minister of Natural Resou	irces			
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:

PETROLEUM RESOURCES

Month	Volume Injected (10 ³ m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	NINISTRY OF NATURAL RESOURCES
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: February 5, 2007	•
Signature:	President	



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FEB 1 5 2007

PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

Annual Report of Monthly **Injection** for the year 2006

0		ral Resources		THE RESIDENCE OF STREET, SAN THE PARTY OF STRE	THE R. P. LEWIS CO., LANSING	
	Torque Energy Inc.	T	el. # (519)	433-7710	Fa	x # (519) 433-7588
Address:	360 Queens Ave., Suite 100					
	London, On. N6B 1X6					
	only applies to fluid injection f ion wells must be reported and al			ed. If space is in	sufficie	ent attach additional forms.
Well Nam		_	Source	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		
Township	:		Source	Formation:		
Tract	Lot Concession		Fluid 7	Гуре:		
Well Lice	nce #:		Injection	on Formation:		
Well State	us - Mode*:		Injection	on Pool:		
Injection	Permit #:					
* As of D	ec. 31 - Active, suspended, abane	doned, testing,	potential			
Description	on of fluid treatment prior to inje	ction:				
Month	Volume Injected (m³)	Average Dai		Days on		ection Rate
		Injection Pre (kPag at well		Injection	(m	³/day)
Jan	NIL REPORT	Injection Pre (kPag at well		Injection	(m	/day)
Jan Feb	NIL REPORT			Injection	(m	/day)
	NIL REPORT			Injection	(m	/day)
Feb	NIL REPORT			Injection	(m	/day)
Feb Mar	NIL REPORT			Injection	(m	/day)
Feb Mar April	NIL REPORT			Injection	(m	/day)
Feb Mar April May	NIL REPORT			Injection	(m	/day)
Feb Mar April May June	NIL REPORT			Injection	(m	/day)
Feb Mar April May June July	NIL REPORT			Injection	(m	/day)
Feb Mar April May June July Aug	NIL REPORT			Injection	(m	/day)
Feb Mar April May June July Aug Sep	NIL REPORT			Injection	(m	/day)
Feb Mar April May June July Aug Sep Oct	NIL REPORT			Injection	(m	/day)

