

Annual Report of Monthly **Injection** for the year <u>2008 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:	
Settling in pond	

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

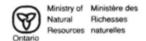
Name: Donna Barnes	Date: April 2, 2009	
Signature: Donne Barnes		

p.2

INJECTION WELLS

WELL NAME	WELL LICENCE #	MODE
Barnes FW #1, Enniskillen-18-2	T010215	ACT
Barnes FW #2, Enniskillen-18-2	T010216	ACT
Barnes FW #3, Enniskillen-18-2	T010217	SUS
Barnes FW #4, Enniskillen-18-2	T010218	SUS
Barnes FW #5, Enniskillen-18-2	T010219	SUS
Barnes FW #6, Enniskillen-18-2	T010220	ACT
Barnes FW #7, Enniskillen-18-2	T010221	SUS
Barnes FW #8, Enniskillen-18-2	T010179	ACT
Barnes FW #9, Enniskillen-18-2	T010180	SUS
Barnes FW #10, Enniskillen-18-2	T010181	SUS
Barnes FW #11, Enniskillen-18-2	T010253	ACT
Barnes FW #12, Enniskillen-18-1	T010182	ACT
Barnes FW #13, Enniskillen-18-1	T010183	ACT
Barnes FW #14, Enniskillen-18-1	T010184	SUS
Barnes FW #15, Enniskillen-18-1	T010185	SUS
Barnes FW #16, Enniskillen-18-1	T010186	SUS
Barnes FW # 17, Enniskillen-18-1	T010187	ACT
Barnes FW #18, Enniskillen-18-1	T010188	ACT
Barnes FW #19, Enniskillen-18-1	NA	SUS

Form 3 Update



Annual Report of Monthly **Injection** for the year ____2008_

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:	X CONTRACTOR OF THE CONTRACTOR
Settling in pond	

Month	Volume Injected (m ³)	Average Daily	Days on
		Injection Pressure	Injection
		(kPag at wellhead)	
Jan	1410.50	2756.92 (400 PSI)	31
Feb	1319.50		29
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	16653.00		366

The undersigned certifies that the above information is complete a	id accurate and nersite has addition	y to oma the operator.
	Date: January 26, 2009	
Signature: Donnabarnes		



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
Barnes FW #19, Enniskillen-18-1	NA



- (S) Natur							
- Ontario Reso	urces naturelles						
		Oil, Gas and Salt Re					
	Annual	Report of Monthly In					
		For the year	2008				
- 0	To the Minister of	Not and December					
Form 6		Natural Resources	Tal #	681-9355		Fax #	CO4 2007
Operator:	Greentree Gas &		Tel.#	681-9355		rax#	681-3887
Address:	207,209 Consortiu						
	London, ON N6E	258					
Well Name:	Rodney Unit 3		Source Pool:		Basal		
Township:	Aldborough		Source Formation			ravel/Sand	
Fract	Lot	Concession	Fluid Type:	·	Fresh Wa		
Well Licence #		001100001011	Injection Formatio	n:	Dundee		
Well Status - N			Injection Pool:	T		R & R Unit 3	3
njection Perm					curioj i	Office	
	- Active, suspended	abandoned testing	potential				
Description of	fluid treatment prior t	o injection:					
No Treatmen							
Month	Volume	Average Daily	Days on				
	Injected (m3)	Injection Pressure	Injection		njection F	ate (m3/day	y)
		kPag	· ·		ľ		ĺ
January	2,152.0	1,047	31			69.4	
February	2,208.0	1,287	29			71.2	
March	2,509.0	936	31			80.9	
April	2,435.0	1,480	30			78.5	
Мау	2,761.0	1,551	31			89.1	
June	2,917.0	1,140	30			97.2	
July	3,080.0	826	31			99.4	
August	2,692.0	1,063	31			86.8	
September	2,863.0	1,121	30			95.4	
October	4,379.0	1,115	31			141.3	
November	4,605.0	1,034	30			148.5	
December	3,813.0	1,181	31			123.0	
Total	36,414.0		366				
			L				
	and an atifican theat the an	bove information is		rate and he	/she has a		
				1	1	10-Feb-09	
The undersign Name:	Duncan Hamilton		Date:			10 1 00 00	
Name:	Duncan Hamilton					1010000	
			Position Held:	President		1010000	





Form 6	To: the Minister of Natu	rai Resources	5			2008-01-0
	Torque Energy Inc.		Tel. # (519)	433-7710	Fax #	(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	l injection mu	THE RESERVE AND ADDRESS OF THE PARTY OF THE		nsufficient	attach additional form
Well Nan			Source			
Township						
Tract	Lot Concession			on Fluid Type:		
Well Lice				on Formation:		
	us - Mode*:		Injection	on Pool:		
Injection	THE RESERVE OF THE PARTY OF THE					
* As of D	ec. 31 - Active, suspended, aband	doned, testing	g, potential			
Description	on of fluid treatment prior to inject	ction:				
Month	Volume Injected (m ³)	Average Da		Days on		
		Injection Pr		Injection		
Ion		(kPag at we	elihead)		-	
Jan	NIL REPORT					
Feb						
Mar						
April						
May						
June					_	
July						
Aug						
Sep					\neg	
Oct					\neg	
Nov					\dashv	
Dec					\dashv	
Total					-	
The under	signed certifies that the above inform	nation is compl	lete and accura	te and he/she has	authority to	bind the operator.
Name:	John F. Cowan	>	Date:	February 12,		
Signature			Positio	n Held: Direc	tor	
	XX					





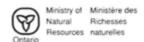
	To: the Minister of N	min resource.					
Operator:	Cameron Petroleum Inc		Tel. # (519) 657-9304	Fax # (5	19) 647-4	1335
Address	P.O. Box 20109, 431 Boler	Rd					
	London, Ontario N6K 4G	6					
This form	n only applies to fluid injection	on for secondary	recovery.				
-	ion wells must be reported an		-				additional forms.
	ne: Robert McMaster & Sons	- Gobles 2		ce Pool:	Gobles		
	b: Blenheim			ce Formation:			
Tract	Lot 19 Concession	on 1		Type:			
Well Lice			-	tion Formation:			
	us - Mode*: Suspended		Injec	tion Pool:		-	
Injection	The state of the s						
* As of D	Dec. 31 - Active, suspended, a	bandoned, testing	g, potential				
Description	on of fluid treatment prior to	injection:				+	
Description	on of fluid treatment prior to	injection.				_	
Month	Volume Injected (m³)	Average D		Days on		jection R	ate
Month	Volume Injected (m ³)	Injection P	ressure	Days on Injection		jection Ra n³/day)	ate
			ressure ellhead)	Injection			
Jan	Volume Injected (m³) NIL	Injection P	ressure				NIL
Jan Feb		Injection P	ressure ellhead)	Injection			
Jan Feb Mar		Injection P	ressure ellhead)	Injection			
Jan Feb Mar April		Injection P	ressure ellhead)	Injection			
Jan Feb Mar April May		Injection P	ressure ellhead)	Injection			
Jan Feb Mar April May June		Injection P	ressure ellhead)	Injection			
Jan Feb Mar April May June July		Injection P	ressure ellhead)	Injection			
Jan Feb Mar April May June July Aug		Injection P	ressure ellhead)	Injection			
Jan Feb Mar April May June July Aug Sep		Injection P	ressure ellhead)	Injection			
Jan Feb Mar April May June July Aug Sep Oct		Injection P	ressure ellhead)	Injection			
Jan Feb Mar April May June July Aug Sep Oct Nov		Injection P	ressure ellhead)	Injection			
Jan Feb Mar April May June July Aug Sep Oct		Injection P	ressure ellhead)	Injection			





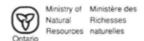
	Cameron Petroleum Inc		Tel. # (519	657-9304	Fax # (519) 647-433:	5
Address	P.O. Box 20109, 431 Boler I	₹d					
	London, Ontario N6K 4G6						
All inject	n only applies to fluid injection ion wells must be reported and	all injection r	nust be repor				lditional forms.
	ne: Robert McMaster & Sons -	Gobles 4		e Pool:	Go	bles	
	o: Blenheim			e Formation:			
Tract	Lot 22 Concession	1		Type:			
Well Lice			-	tion Formation:			
	us - Mode*: Suspended		Injec	tion Pool:			
_	Permit #:						
* As of D	Dec. 31 - Active, suspended, abo	andoned, testi	ng, potential				
Descripti	on of fluid treatment prior to in	jection:					
	1 3	T		To			
Month	Volume Injected (m ³)	Average I Injection		Days on Injection		ction Rate (day)	
		(kPag at v		Injection	(iii)	uay)	
Jan	NIL		NIL	NIL		N	NIL
Feb							
Mar							
April							
May							
June							
July							
Aug							
Sep							
Oct							
Nov							
Dec							
Total	+		+	+		,	,
				,			
	rsigned certifies that the above info	ormation is com				to bind the	operator.
Name:	Lou Vujcic		Date	February 0	5, 2009		
Signature	fulice stale		Bool	keeper			





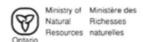
Address	P.O. Box 20109, 431 Boler London, Ontario N6K 4G6		Tel. # (519)	657-9304	ax # (515) 647-433	5
This form	and the second s	No. of Concession, Name of Street, Name of Str					
	n only applies to fluid injection wells must be reported and			ed. If space is	insufficie	nt attach a	dditional forms.
Well Nar	ne: Robert McMaster & Sons	- Gobles 7		e Pool:	Go	bles	
Township	o: Blenheim		e Formation:				
11000	3 Lot 19 Concessi	on 1	Fluid	Type:			
Well Lice				ion Formation:			
Well Stat	us - Mode*: Suspended		Inject	ion Pool:			
Injection	Permit #:						
* As of D	Dec. 31 - Active, suspended, at	oandoned, testir	ng, potential				
Descript'	on of fluid treatment prior to	niaction:					
Descripti	on of fluid treatment prior to i	njection:					
					-		
Month	Volume Injected (m ³)	Average D	Daily	Days on	Inje	ction Rate	
		Injection I		ssure Injection		(m³/day)	
		(kPag at w		-			
Jan	NIL		NIL	NIL		1	NIL
Feb							
Mar							
April							
May							
June							
July							
Aug							
Sep							
Oct							
Nov							
Dec							
Total	*		*	+			+
The under	rsigned certifies that the above in	formation is com	plete and accur	rate and he/she ha	as authority	to bind the	e operator.
	Ljubica Vujcic		Date:			340	
			1				





Form 6	To: the Minister of Na	tural Resources					
Operator:	Cameron Petroleum Inc		# (519) 6	57-9304	Fax # (5	19) 647-433	35
Address	P.O. Box 20109, 431 Boler R	d					
	London, Ontario N6K 4G6						
This form	only applies to fluid injection	for secondary rec	overy.				
The second second second	on wells must be reported and	all injection must b					dditional forms.
	Name: McMaster – Gobles 20			Pool:		Gobles	
	: Blenheim		-	Formation	:		
	7 Lot 16 Concession	1 1	Fluid T				
Well Lice				n Formation	on:		
	us - Mode*: Suspended		Injection	n Pool:			
Injection	Permit #:						
* As of D	ec. 31 - Active, suspended, aba	ndoned, testing, po	tential				
Description	on of fluid treatment prior to in	jection:					
						_	
Month	Volume Injected (m ³)	Average Daily		Days on	In	jection Rate	
Month	voidine injected (iii)	Injection Pressu	ire	Injection		n/day)	
		(kPag at wellhe		,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Jan	NIL	N	IL	NII			ŅIL
Feb							
Mar							
April							
May							
June							
July							
Aug							
Sep							
Oct							
Nov							
Dec							
Total	+	1	,	+		1	\
	signed certifies that the above info Lou Vujcic	rmation is complete a	Date:		e has author y 05, 2008	ity to bind th	e operator.
Signature		1	Bookke		,, 2000	-	
Jighature	ofulca of	ya c	DOURK	e e pe i		-	





Form 6	To: the Minister of Na	tural Resources						
Operator:	Cameron Petroleum Inc		# (519)	557-9304	Fax #	(519) 647-433	35
Address	P.O. Box 20109, 431 Boler F	Rd						
	London, Ontario N6K 4G6							
	only applies to fluid injection							
	ion wells must be reported and	all injection must b			e is insuf	_		dditional forms.
	ne: Kewanee Gobles 24		Source			Gø	bles	
	: Blenheim			Formatio	n:	_		
Tract	Lot 18 Concession	1	Fluid 7			_		
Well Lice			-	on Format	ion:	_		
	us - Mode*: Suspended		Injection	on Pool:				
Injection								
* As of D	ec. 31 - Active, suspended, aba	indoned, testing, po	tential					
Description	on of fluid treatment prior to in	jection:						
						-		
Month	Volume Injected (m³)	Average Daily		Days on		Inje	ction Rate)
		Injection Pressu		Injection		(m ³	day)	
		(kPag at wellhe						
Jan	NIL	N	IL	NI	L]	NIL
Feb								
Mar								
April								
May								
June								
July								
Aug								
Sep								
Oct								
Nov								
Dec								
Total	 	1	,	+				+
	•							
The under	signed certifies that the above info	rmation is complete a	and accura	te and he/s	he has auti	nority	to hind the	e operator.
	Lou Vujcic	ination is complete a	Date:		ry 05, 20		to onia th	operator.
Signature	· Hulica Fre	4,6	Bookk	eeper				
	122.00	,				_		





0	Community Details I	T or	-1 4 /210	CET 0204	T2 21	10.00	CAR 400	2.5
Operator: Address	Cameron Petroleum Inc P.O. Box 20109, 431 Boler F		el. # (519) 657-9304	rax #	(219)	647-43	55
Address	London, Ontario N6K 4G6	Cu .				-		
TILL C	CONTRACTOR OF STREET STREET, STREET STREET, STREET STREET, STR					-		
All inject	only applies to fluid injection ion wells must be reported and			ted. If space	is insuff	-		additional forms
	ne: Kewanee - Gobles 41		_	Source Pool: Go				
	ownship: Blenheim			ce Formation	11			
11000	7 Lot 16 Concessio	n 1	_	Type:				
Well Lice				tion Formati	on:	_		
	us - Mode*: Suspended		Injec	tion Pool:		_		
Injection						_		
* As of D	ec. 31 - Active, suspended, aba	andoned, testing,	potential					
Description	on of fluid treatment prior to in	jection:						
	•							
		-				_		
Month	Volume Injected (m ³)	Average Dai		Days on			tion Rate	e
Month	Volume Injected (m ³)	Injection Pre	ssure	Days on Injection		Injec (m³/c		e
	Volume Injected (m³) NIL		ssure				day)	e NIL
		Injection Pre	ssure lhead)	Injection			day)	
Jan		Injection Pre	ssure lhead)	Injection			day)	
Jan Feb		Injection Pre	ssure lhead)	Injection			day)	
Jan Feb Mar		Injection Pre	ssure lhead)	Injection			day)	
Jan Feb Mar April		Injection Pre	ssure lhead)	Injection			day)	
Jan Feb Mar April May		Injection Pre	ssure lhead)	Injection			day)	
Jan Feb Mar April May June July		Injection Pre	ssure lhead)	Injection			day)	
Jan Feb Mar April May June		Injection Pre	ssure lhead)	Injection			day)	
Jan Feb Mar April May June July Aug		Injection Pre	ssure lhead)	Injection			day)	
Jan Feb Mar April May June July Aug Sep		Injection Pre	ssure lhead)	Injection			day)	
Jan Feb Mar April May June July Aug Sep Oct		Injection Pre	ssure lhead)	Injection			day)	





Annual Report of Monthly **Injection** for the year <u>2008</u>

Address I	Cameron Petroleum Inc	Tel	. # (519)	657-9304	Fax # (51	9) 647-433:	5
	P.O. Box 20109, 431 Boler F		(01)		(01	70.77	
	London, Ontario N6K 4G6						
This form o	nly applies to fluid injection	i for secondary re	covery.				
	wells must be reported and			d. If space	is insufficie	nt attach ad	lditional forms.
	Imperial Kewanee - Gobles	45	Source Pool: Gobles				
Township:	Township: Blenheim Source Formation:						
Tract 3	Lot 7 Concession	1	Fluid 7				
Well Licence	ce #: 1719		-	on Formatio	n:		
Well Status	- Mode*: Suspended		Injection	on Pool:			
Injection Pe	ermit #:						
* As of Dec	. 31 - Active, suspended, abo	andoned, testing, p	otential				
Description	of fluid treatment prior to in	jection:					
Month	Volume Injected (m³)	Average Daily		Days on	Inie	ection Rate	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rotatio injected (iii)	Injection Press		Injection		day)	
		(kPag at wellh	ead)		,		
Jan	NIL	1	ŅIL	NIL		N	NIL
Feb							
Mar							
April							
May							
June							
July							
Aug							
Sep							
Oct							
Nov							
Dec	•		+	+		,	
Dec Total							,





Annual Report of Monthly **Injection** for the year _____2008_

Form 6	o: the N	Ainister of	Natural I	Resources

Operator:	Cameron Petroleum Inc	Tel. # (519) 657-9304 F	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.

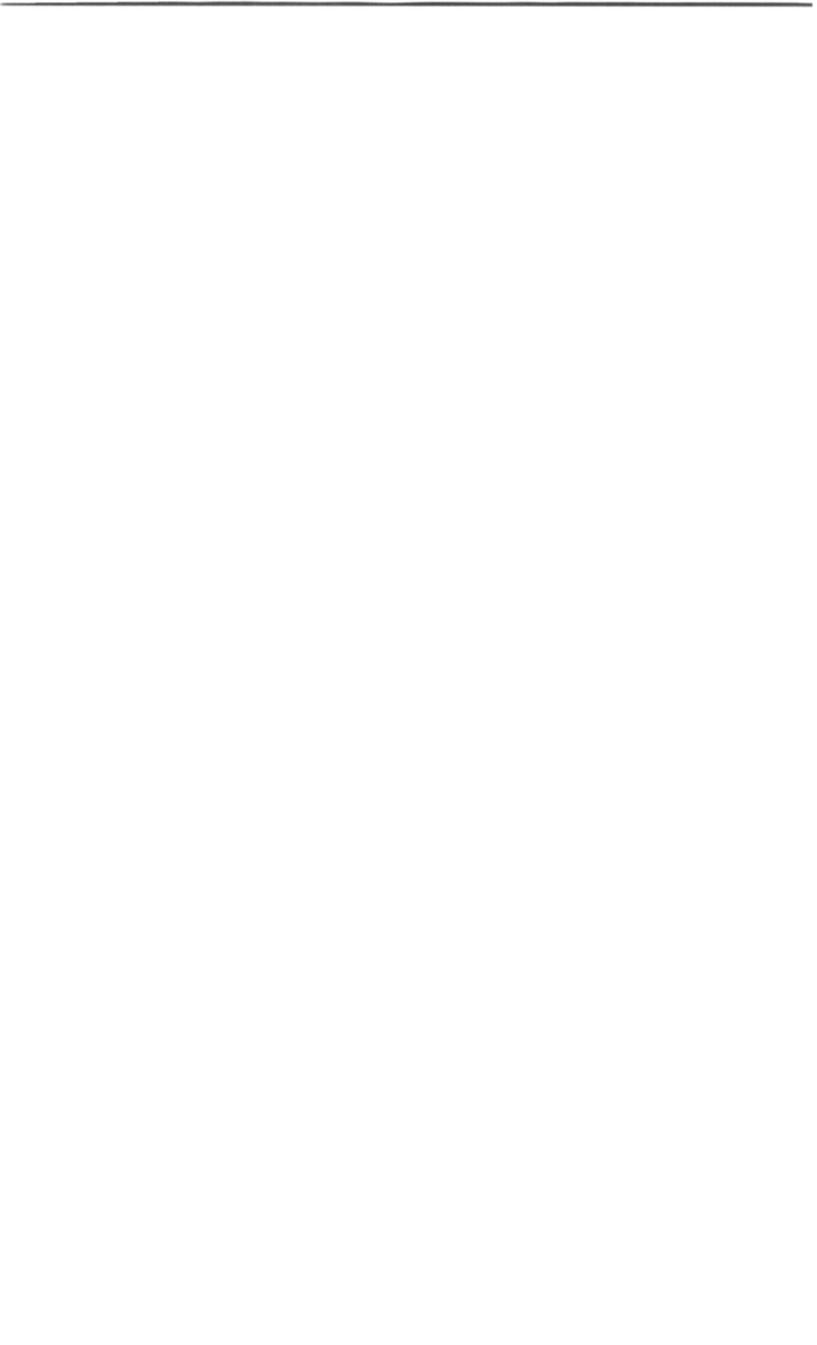
Well Name: Imperial Union Grand Bend #2	Source Pool:	Grand Bend
Township: McGillivray	Source Formation:	Guelph
Tract Lot 41 Concession NB	Fluid Type:	Salt water
Well Licence #: F011756	Injection Formation:	Guelph
Well Status - Mode*: Active	Injection Pool:	
Injection Permit #:		

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

Description of fluid treatment prior to injection:	

Month	Volume Injected (m ³)	Average Daily	Days on	Injection Rate
		Injection Pressure	Injection	(m³/day)
		(kPag at wellhead)		
Jan	1,050	-0-	31	33.9
Feb	1,065	-0-	28	38.1
Mar	1,455	-0-	31	46.9
April	1,060	-0-	30	35.3
May	394	-0-	31	12.7
June	358	-0-	30	11.9
July	611	-0-	31	19.7
Aug	427	-0-	31	13.8
Sep	414	-0-	30	13.8
Oct	617	-0-	31	19.9
Nov	653	-0-	30	21.8
Dec	846	-0-	31	27.3
Total	8,950		365	

Name: Lou Vujcic	Date: February 05, 2009
Signature: Africa Anglic	Bookkeeper





Annual Report of Monthly **Injection** for the year _____2008_

Form 6	To: the	Minister o	f 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	1,568	-0-	31	50.6
Feb	1,840	-0-	28	65.7
Mar	1,667	-0-	31	53.8
April	1,167	-0-	30	38.9
May	781	-0-	31	25.2
June	853	-0-	30	28.4
July	697	-0-	31	22.5
Aug	543	-0-	31	17.5
Sep	623	-0-	30	20.8
Oct	883	-0-	31	28.5
Nov	993	-0-	30	33.1
Dec	1,106	-0-	31	35.7
Total	12,721		365	

Name: Lou Vujcic	Date: February 05, 2009
Signature: Fuice Aufric	Bookkeeper





Annual Report of Monthly **Injection** for the year 2008

Form 6 To: the Minister of Natural Res	sources	2008-01-01
Operator: Liberty Oil & Gas Ltd.	Tel. # (403) 229-2968	Fax # (403) 229-2978
Address: 210, 1324 – 11th Ave. SW		
Calgary, AB T3C 0M6		

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: PPC/Ram # 31	Source Pool: Dover East Field
Township: Dover	Source Formation: Ordovician - Trenton & Black River
Tract 3 Lot 6 Concession IV E	Injection Fluid Type: Formation Water (Brine)
Well Licence #: 7802	Injection Formation: Ordoviçian - Black River Group
Well Status - Mode*: INJ - Active	Injection Pool: Rowe Ram 8A, Dover 4-6-IV E
Injection Permit #: 2007-1	

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

Description of fluid treatment prior to injection: None	

Month	Volume Injected (m ³)	Average Daily	Days on
		Injection Pressure	Injection
		(kPag at wellhead)	
Jan			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep	15.80	0	1
Oct	171.20	0	8
Nov	178.93	0	4
Dec	165.41	0	4
Total	531.34	0	17

Name:	Morley Salmon	Date: February 12, 2009
Signature:	mil	Position Held: Director



Ministry of Natural Resources FORM 109

Petroleum Resources Act

ANNUAL REPORT OF MONTHLY INJECTION

for the year ending December 31, 2008

ator N	ame: CH P	THAM RESOURCES	LTD.	Well Pen	mit No.:			Injection Permit No.	
ess: 20 Jackson St. W., Ste. 410 Hamilton, ON		Well Nan	ne:			Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)			
	LSP	1 L 2		Location: County Township Lot Conc.			Conc.	Injection Formation	
(!) A	All injection wells ope	rated must herroported	(2) All injection mu	ust be report		is insufficient, attach addic			
		INJECTIO	N DATA		-			AVERAGE DAILY	
h	Fluid Source	Fluid Type	Fluid Treatment Pr Injection	rior to	Volume Injected (10³m)	Inj. Pressure (kPa)	Inj. Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
	WE	AVE NO WATER I	JECTION WEI	LLS, TH	EREFORE, NO E	RINE WATER WAS	INJECTED	DURING THE YEAR	
	-							2	
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Oil, Gas and Salt Resources Act Annual Report of Monthly Injection For the year 2008

Form 6 To: the Minister of Natural Resources

	. C. trie minister er matarar meterete		
Operator:	Prime West Energy	Tel. # 649-0511	Fax # 472-7897
Address:	P. O. Box 9009, 1795 Ernest Ave		
	London, Ontario, N6E 2V5		

Well Name: Various Source Pool: Rodney Unit Township: Aldborough Source Formation: Glacial drift, Columbus Fresh Water, Produced water Tract Concession Fluid Type: Lot Well Licence # Injection Formation: Columbus Well Status - Mode*: Injection Pool: Inj - ACT Rodney Unit Injection Permit #: 19-1

* 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 Ra	te (m3/day)
		kPag			
Jan	25,581	500 to 3200	31		825.2
Feb	24,337	500 to 3200	28		869.2
Mar	22,566	800 to 3100	31		727.9
April	21,470	500 to 3100	30		715.7
May	20,138	500 to 3000	31		649.6
June	20,324	500 to 3000	30		677.5
July	20,383	900 to 3100	31		657.5
Aug	19,727	300 to 3100	31		636.4
Sept	18,123	600 to 3000	30		604.1
Oct	18,252	500 to 3000	31		588.8
Nov	21,473	450 to 3050	30		715.8
Dec	25,784	500 to 3100	31		831.7
Total	258,158				

Name:	Jim McIntesh	Date:		15-Feb-09
Signiture:	11/11/15	Position Held:	Manager,	Ontario Operations

