

Annual Report of Monthly **Injection** for the year ____2009_

Form 6	To: the Minister of Natural Resourc	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	-19 Source Pool: Rain water, water well Source Formation:248'	
Township: Enniskillen		
Tract Lot 18 Concession 1 & 2	Concession 1 & 2 Injection Fluid Type: fresh water	
Well Licence #: see attached list	Injection Formation: Detroit River Group	
Well Status - Mode*: ACT	Injection Pool: Oil Springs Pool in Parts of Lot 18,	
Injection Permit #: 2009-1	Con I and II, Enniskillen Township	

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

Description of fluid	treatment prior to i	njection:			
Settling in pond		_			
Series Posts			 		

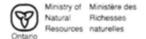
Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	246.45	2756.92 (400 PSI)	31
Feb	222.60		28
Mar	246.45		31
April	238.50		30
May	246.45		31
June	238.50		30
July	246.45		31
Aug	246.45		31
Sep	238.50		30
Oct	246.45		31
Nov	238.50		30
Dec	246.45		31
Total	2901.75		365

Name: Donna Barnes	Date: January 26, 2009	
Signature: Donna Barris		

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	11943	SUS





Annual Report of Monthly **Injection** for the year _____2009_

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 657-4050
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

ription of fluid treatment prior to injection:
There is the manufacture of the myselform

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	1,206	-0-	31	38.90
Feb	1,014	-0-	28	36.21
Mar	1,424	-0-	31	45.94
April	1,321	-0-	30	44.03
May	1,041	-0-	31	33.58
June	1,038	-0-	30	34.60
July	967	-0-	31	31.19
Aug	854	-0-	31	27.55
Sep	1,039	-0-	30	34.63
Oct	1,021	-0-	31	32.94
Nov	1,082	-0-	30	36.07
Dec	985	-0-	31	31.77
Total	12,992		365	

Name: Lou Vujcic	Date: February 01, 2010
Signature: For Andrie	Bookkeeper



Annual Report of Monthly **Injection** for the year _____2009_

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 657-4050
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.

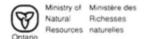
Well Name: Imperial Union Grand Bend #2	Source Pool:	Grand Bend
Township: McGillivray	Source Formation:	Guelph
Tract Lot 41 Concession NB	Fluid Type:	Salt water
Well Licence #: F011756	Injection Formation:	Guelph
Well Status - Mode*: Active	Injection Pool:	
Injection Permit #:		

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	658	-0-	31	21.22
Feb	639	-0-	28	22.82
Mar	939	-0-	31	30.29
April	546	-0-	30	18.20
May	660	-0-	31	21.29
June	597	-0-	30	19.90
July	571	-0-	31	18.42
Aug	445	-0-	31	14.35
Sep	482	-0-	30	16.06
Oct	497	-0-	31	16.03
Nov	472	-0-	30	15.73
Dec	445	-0-	31	14.35
Total	6,951		365	

Name: Lou Vujcic	Date: February 01, 2010
Signature: Low Fugge	Bookkeeper



Annual Report of Monthly **Injection** for the year ____2009_

Form 6 To: the Minister of Natural Res	ources		
Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304	Fax # (519) 657-4050	
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.

All injection wens must be reported and an injection must be reported. It space is insufficient attach additional forms.				
Well Name: Robert McMaster & Sons – Gobles 2	Source Pool: Gobles			
Township: Blenheim	Source Formation:			
Tract Lot 19 Concession 1	Fluid Type:			
Well Licence #: 141	Injection Formation:			
Well Status - Mode*: Suspended	Injection Pool:			
Injection Permit #:				
* As of Dec. 31 - Active, suspended, abandoned, testing, potential				

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total	+	•	+	+

The undersigned certifies that the above information is complete an	nd accurate and he/she has authority to bind the operator.
Name: Lou Vujcic	Date: February 01, 2010
Signature: for Trefix	Bookkeeper



Annual Report of Monthly **Injection** for the year ____2009_

Form 6 To: the Minister of Natural	Resources
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Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 657-4050
Address P.O. Box 20109, 431 Boler Rd	
London, Ontario N6K 4G6	

This form only applies to fluid injection for secondary recovery.

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

Well Name: Robert McMaster & Sons – Gobles 4

Township: Blenheim

Source Formation:

Source Pool: Gobles	
Source Formation:	
Fluid Type:	
Injection Formation:	
Injection Pool:	
	Source Formation: Fluid Type: Injection Formation:

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

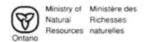
Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	NIL	NIL	NIL	NIL
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total	+	+	+	+

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

Name: Lou Vujcic Date: February 01, 2010

Signature: For Huer Bookkeeper



Annual Report of Monthly Injection for the year 2009

Form 6	To: the Minister of Natural Res	ources		
Operator: C	Cameron Petroleum Inc	Tel. # (519) 657-9304	Fax # (519) 647-4050	
Address F	P.O. Box 20109, 431 Boler Rd			
	London Ontario N6K 4G6			

This form only applies to fluid injection for secondary recovery.

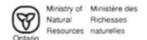
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms. Well Name: Robert McMaster & Sons - Gobles 7 Source Pool: Gobles Township: Blenheim Source Formation: Tract 3 Lot 19 Concession 1 Fluid Type: Well Licence #: 1025 Injection Formation: Well Status - Mode*: Suspended Injection Pool: Injection Permit #:

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

Description of fluid treatment prior to injection:

	NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND PARTY OF THE OWNER,	THE RESIDENCE OF THE PARTY OF T	ACCRECATE OF THE PARTY OF THE P		
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)	
Jan	NIL	NIL	NIL	NIL	
Feb					
Mar					
April					
May					
June					
July					
Aug					
Sep					
Oct					
Nov					
Dec					
Total	<u> </u>	1	1	+	

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.					
Name: Ljubica Vujcic	Date: February 01, 2010				
Signature: You Fus	Bookkeeper				



Annual Report of Monthly **Injection** for the year ____2009_

Form 6	To: the	Minister of Na	tural Resources	

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 647-4050
Address P.O. Box 20109, 431 Boler Rd	
London, Ontario N6K 4G6	

This form only applies to fluid injection for secondary recovery.

All injection wens must be reported and all injection must be reported. If space is insufficient attach additional forms.		
Well Name: McMaster – Gobles 20	Source Pool: Gobles	
Township: Blenheim	Source Formation:	
Tract 7 Lot 16 Concession 1	Fluid Type:	
Well Licence #: 1287	Injection Formation:	
Well Status - Mode*: Suspended	Injection Pool:	
Injection Permit #:		

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

Descripti	on of fluid treatment prior to	injection:			
	1		T-5	T	
Month	Volume Injected (m')	Average Daily	Days on	Injection Rate	

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

Name: Lou Vujcic	Date: February 01, 2010
Signature: Lou Tulgie	Bookkeeper





Injection Permit #:

Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection for the year 2009

Form 6	To: the Minister of Natural Resourc	es		
Operator:	Cameron Petroleum Inc	Tel. # (519) 657-9304	Fax # (519) 657-4050	
Address	P.O. Box 20109, 431 Boler Rd			

London, Ontario N6K 4G6 This form only applies to fluid injection for secondary recovery.

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms. Well Name: Kewanee Gobles 24 Source Pool: Gobles Township: Blenheim Source Formation: Tract Lot 18 Concession 1 Fluid Type: Well Licence #: 1492 Injection Formation: Well Status - Mode*: Injection Pool: Suspended

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

Description of fluid treatment prior to	injection:			
				-
Month Volume Injected (m3)	Augusta Daile	I D	Injection Pote	

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

Name: Lou Vujcic Da	Date: February 01, 2010
Signature: Lou Fresie Bo	Bookkeeper



Annual Report of Monthly **Injection** for the year ____2009_

Form 6	To: the Minister of Natural Resour	ces	
Operator:	Cameron Petroleum Inc	Tel. # (519) 657-9304	Fax # (519) 657-4050
Address	P.O. Box 20109, 431 Boler Rd		
	London, Ontario N6K 4G6		

This form only applies to fluid injection for secondary recovery.

All injection wells must be reported and all injection	must be reported. If space is insufficient attach additional forms.
Well Name: Kewanee - Gobles 41	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract 7 Lot 16 Concession 1	Fluid Type:
Well Licence #: 1909	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

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

Description of fluid treatment prior to injection:

Total

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

The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the operator.						
Name: Lou Vujcic	Date: February 01, 2010					
Signature: Low Fuge	Bookkeeper					



Annual Report of Monthly Injection for the year _____2009

Form 6	To: the Minister of Natural Res	ources		
Operator:	Cameron Petroleum Inc	Tel. # (519) 657-9304	Fax # (519) 657-4050	
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 Kewanee - Gobles 45 Source Pool: Gobles Township: Blenheim Source Formation: Tract 3 Lot 7 Concession 1 Fluid Type: Well Licence #: 1719 Injection Formation: Well Status - Mode*: Suspended Injection Pool: Injection Permit #:

Description of fluid treatment prior to injection:

Total

Month	Volume Injected (m ³)		Average Daily Injection Pressure (kPag at wellhead)		Days on Injection		Injection Rate (m³/day)	
Jan	N	IL	NIL		NIL		ŅIL	
Feb								
Mar								
April								
May								
June								
July								
Aug								
Sep								
Oct								
Nov								
Dec								

Name: Lou Vujcic	Date: February 01, 2010
Signature: Lou Fregre	Bookkeeper

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

Natural Pescurces

ator Name:

FORM 109

Petroleum Resources Act

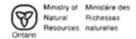
Well Permit No .:

ANNUAL REPORT OF MONTHLY INJECTION for the year ending December 31, 2009

CHATHAM RESOURCES LTD.

20 Jackson St. W., Ste. 410 Hamilton, ON							Purpose of Injection (Secondary Recovery/Enhanced Recovery/ Other-Describe)		
L8P 1L2		Location				Injection Formation			
					County	Township Lot	Conc.		
(0.2	All injection wells opera	ited must be ray inted	(2) All injection mu	ust be report	ed (3) Where space	is insufficient, attach addic	onal forms.		
		INJECTIO	NDATA					AVERAGE DAIL	Ý
h	Fluid Source	Fluid Type	Fluid Treatment Pr Injection	ior to	Volume Injected (10'm)	Inj Pressure (kPa)	Inj Rate (m³/day)	Days on Injection	Well Status (Active, Suspended, Other -explain)
	H 20	AVE NO WATER I	JECTION WE	LLS, TH	EREFORE, NO	RINE WATER WAS	INJECTED	DURING THE YEAR	
LS									
	Febru	ary 2016	SIGNATU	JRE:	10-1.8	latis.			

Injection Permit No



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

Form 6	To: the Minister of Natu	ural Resources	519		519	2008-01-01
Operator:	JAINISMUK 014	Tel	. # 862-	0230	Fax # 852 - 336	3
Address	BOY 10 RETROUND	INT				
	NOW IRO					
	only applies to fluid injection					
THE RESERVE OF THE PARTY OF THE	on wells must be reported and a	Il injection must	THE RESERVE TO SHARE THE PARTY OF THE PARTY	AND DESCRIPTION OF THE PERSON.	CONTRACTOR OF THE PARTY OF THE	ditional forms.
	e: MORNINGSMA				OLG SPRINGS	
Township				Formation:	7,10	
Tract	Lot I Concession	14		on Fluid Ty	1 12 12	WAREN
Well Licer				on Formatio		
	s - Mode*:		Injecti	on Pool:	OIL SPRINS)	
Injection F	Marie Contract of the State of					
* As of De	ec. 31 - Active, suspended, aban	idoned, testing, p	otential			
Descriptio	n of fluid treatment prior to inje	ection:				
Month	Volume Injected (m³)	Average Daily	NAME OF TAXABLE PARTY.	Days on		
Wionui	volume injected (iii)	Injection Press	ure	Injection		
		(kPag at wellhe		,		
Jan						
Feb						
Mar						
April						
May						
June						
July						
Aug						
Sep						
Oct						
Nov						
Dec						
Total	150	2000.	5.i	3 v		
-						
The unders'	anad anti-Gas that the above in Com-	nation is complete	and accura	to and ha/aha	has authority to hind the s	perator
Name: (gned certifies that the above inform	lation is complete	Date:	Los 14	1	дыног.
Signature	100	7		4.0 /1	1000	
	250					

- Minist	ry of Ministère des -					
- (S) Natura						
- Ontario	urces naturelles					
		011 0 10 11 0	L			
		Oil, Gas and Salt Re				
	Annual	Report of Monthly Ir				
		For the year	2009			
Form 6		Natural Resources				
Operator:	Greentree Gas &		Tel. #	681-9355	Fax #	681-3887
Address:	207,209 Consortiu					
	London, ON N6E	2S8				
Well Name:	Rodney South Un	it	Source Pool:		Rodney Unit 3, Rodr	ney South Unit
Township:	Aldborough		Source Formation	:	Dundee	
Tract	Lot D	Concession VII	Fluid Type:			and injection waters
Well Licence #			Injection Formatio	n:	Dundee	
Well Status - N			Injection Pool:		Rodney South Unit	
Injection Permi						
* As of Dec 31	 Active, suspended 	, abandoned, testing	, potential			
Description of f	luid treatment prior	to injection:	Filtration			
	 					
Month	Volume	Average Daily	Days on	ļ	L	<u> </u>
	Injected (m3)	Injection Pressure	Injection		njection Rate (m3/da	у)
		kPag				
January	126.4	1,379	17		7.4	
February	-	-	0			
March	-	-	0		-	
April	19.2	1,724	18		1.1	
May	17.5	1,336	24		0.7	
June	1.9	862	6		0.3	
July	0.2	1,090	1		0.2	
August	-	-	0		-	
September	86.0	1,020	17		5.1	
October	73.9	1,034	24		3.1	
November	51.1	1,034	21		2.4	
December	129.7	1,025	31		4.2	
Total	506.0		159			
The undersigne					I /she has authority to	bind the operator.
Name:	Duncan Hamilton		Date:	5-Feb-10		
Signature:	11		Position Held:	President		
-	1					

- Ministr	y of Ministère des					
_ (😽) Natura	Richesses _					
- Ontario Resou	rces naturelles					
		Oil, Gas and Salt Re				
	Annual	Report of Monthly In				
		For the year	2009			
Form 6	To: the Minister of	Natural Resources				
Operator:	Greentree Gas &	Oil Ltd.	Tel. #	681-9355	Fax #	681-3887
Address:	207,209 Consortiu					
	London, ON N6E	2S8				
Well Name:	Rodney Unit 3		Source Pool:		Basal	
Township:	Aldborough		Source Formation	:	Glacial Gravel/Sand	
Tract	Lot	Concession	Fluid Type:		Fresh Water	
Well Licence #			Injection Formatio	n:	Dundee	
Well Status - M	ode*:		Injection Pool:		Rodney R & R Unit 3	3
Injection Permit	#:					
* As of Dec 31	Active, suspended	, abandoned, testing	, potential			
Description of fl	luid treatment prior t	o injection:				
No Treatment						
Month	Volume	Average Daily	Days on			
	Injected (m3)	Injection Pressure	Injection		njection Rate (m3/day	v)
	,	kPag	,			ľ
January	2,726.0	1,053	31		87.9	
February	2,267.0	667	28		81.0	
March	2,982.2	701	31		137.1	
April	3,215.0	835	30		107.2	
May	3,693.0	1,051	31		119.1	
June	2,604.0	1,655	30		86.8	
July	3,723.0	1,598	31		120.1	
August	3,617.0	794	31		116.7	
September	3,324.0	1,618	30		110.7	
October	3,495.7	1,542	31		110.8	
November	3,100.8	1,687	30		103.4	
			30			
December	4,808.6	1,403			155.1	
Total	39,556.3		365			
		<u> </u>	L	L	L	L
					/she has authority to I	bind the operator.
Name:	Duncan Hamilton		Date:	5-Feb-10	/	
					11	
Signature:			Position Held:	President	11	5
				_	//	
					,	



Annual Report of Monthly Injection

For the Year 2009

Form 6	To the Minister of Natural Reso	ources v.2009-05-3
Operator	Liberty Oil & Gas Ltd.	Tel. # (403) 229-2968 Fax # (403) 229-2978
Address	Suite 209, 1324 – 11 th Avenue SW, Calgary, AB T3	C 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 7-5-V E (Dover East)
Township: Dover	Source Formation: Ordovician – Trenton & Black R.
Tract 3 Lot 6 Concession IV E	Injection Fluid Type: Formation Water (Brine)
Well Licence No.: T007802	Injection Formation: Ordovician – Black River
Well Status - Mode*: INJ - Active	Injection Pool: Dover 7-5-V E (Dover East)
Injection Permit No.: 2007-1	

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

Description of fluid treatment prior to injection:	None

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	184.34	0	4
Feb	188.51	0	3
Mar	244.75	0	5
April	205.75	0	4
May	134.84	0	3
June	173.74	0	4
July	167.67	0	3
Aug	130.78	0	3
Sep	141.77	0	3
Oct	154.19	0	3
Nov	163.47	0	4
Dec	118.93	0	3
Total	2008.74	0	42

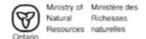
Morley Salmon	/h
Name (print)	Signature
Liberty Oil & Gas Ltd.	Director
Company	Title
12 / 02 / 2010 Date (dayloosth) (122)	



Annual Report of Solution-Mined Salt Production

For the Year 2009

Form 5	To the Min	ister of Natural R	esources			v.2009-05-31
Operator Liberty Oil 8	& Gas Ltd.		Tel. # (4	03) 229-2968	Fax # (403) 229	9-2978
Address Suite 209,	1324 – 11 th Avenue SW, Calga	arv. AB T3C 0N	16			
7.00.000	The state of the s	,,				
Well Name	Township	Lot	Con.	Well Licence Number	Cavern/ Gallery	Production tonnes of salt
NIL REPORT						
	,					
				-		
			-			
The undersigned certifies that the	e information provided herein is com	nplete and accura	te and he/s	he has authority	y to bind the opera	itor.
			2			
Morley Salmon	Sienat			1		
Name (print)	Signatu	ure				
Liberty Oil & Gas Ltd. Company		ector				
12 / 02 / 2010 Date (day/month/year)						



Annual Report of Monthly **Injection** for the year 2009

Form 6	To: the	Minister of	Natural	Resources
Form 6	ro: me	Minister of	Naturai	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 Source Formation: Guelph		
Township: Plympton			
Tract 3 Lot 20 Concession VI	Fluid Type: Formation brine		
Well Licence #: 5393	Injection Formation: Guelph		
Well Status - Mode*: Active	Injection Pool: Plympton 5-19-VI		
Injection Permit #: 2001-1			

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

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

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	599.4	0	31	19.34
Feb	862.7	0	28	30.81
Mar	981.3	0	31	31.65
April	921.5	0	30	30.72
May	562.7	0	31	18.15
June	860.7	0	30	28.69
July	815.3	0	31	26.3
Aug	864.5	0	31	27.89
Sept	537.5	0	30	17.92
Oct	869.4	0	31	28.05
Nov	836.0	0	30	27.87
Dec	503.5	0	31	16.24
Total	9,214.5			

Name: Claudia Cochrane	^	February 2, 2010
Signature: Caucia	Cochocine	



Annual Report of Monthly **Injection** for the year 2009

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.

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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

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July	815.3	0	31	26.3
Aug	864.5	0	31	27.89
Sept	537.5	0	30	17.92
Oct	869.4	0	31	28.05
Nov	836.0	0	30	27.87
Dec	503.5	0	31	16.24
Total	9,214.5			

Name: Claudia Cochrane	Date: February 2, 2010
Signature: Janaia Coeliterul	





Oil, Gas and Salt Resources Act Annual Report of Monthly Injection

For the year 2009

Form 6

To: the Minister of Natural Resources

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:

Township: Aldborough

Source Formation: Fluid Type:

Rodney Unit

Tract Concession Lot

Glacial drift, Columbus Fresh Water, Produced water

Injection Formation:

Columbus

Well Status - Mode*:

Inj - ACT

Injection Permit #:

Well Licence #

19-1

Injection Pool: Rodney Unit

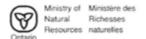
* As of Dec 31 - Active, suspended, abandoned, testing, potential

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	25,139	500 to 3200	31	810.9
Feb	22,099	500 to 3200	28	789.3
Mar	22,688	800 to 3100	31	731.9
April	17,078	500 to 3100	30	569.3
May	18,483	500 to 3000	31	596.2
June	17,468	500 to 3000	30	582.3
July	17,803	900 to 3100	31	574.3
Aug	20,965	300 to 3100	31	676.3
Sept	22,783	600 to 3000	30	759.4
Oct	21,393	500 to 3000	31	690.1
Nov	24,585	450 to 3050	30	819.5
Dec	23,620	500 to 3100	31	761.9
Total	254,104			

Name:	Jim McIntosh	Date:	15-Feb-10
Signiture:		Position Held:	Manager, Ontario Operations





Annual Report of Monthly **Injection** for the year 2009

Form 6 To: the Minister of Natural Resources

Operator: Roth & Roth Limited	Tel. # 519-472-1542	Fax # 519-472-9434
Address: 22687 Jury Road, R.R. #3 Komoka, Ontario N0N 1R0		

This form only applies to fluid injection for secondary recovery.

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

Well Name: Roth & Roth 4 Johnson 1 Enn. 31-XIV	Source Pool: Brine Ponds, Dow Chemical Canada		
Township: Enniskillen	Source Formation: Salina B Salt		
Tract 4 Lot 31 Concession XIV	Fluid Type: Cavern-washing brine		
Well Licence #: 8571	Injection Formation: Guelph		
Well Status - Mode*: Active	Injection Pool: Wanstead		
Injection Permit #: 2001-2			

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

Description of fluid treatment prior to injection: Addition of corrosion and scaling inhibitor. Filtration

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	1076.0	0	31	34.71
Feb	654.1	0	28	23.36
Mar	0	0	0	0
April	0	0	0	0
May	1406.7	0	31	45.38
June	1260.1	0	30	42.00
July	1014.3	0	31	32.72
Aug	770.1	0	31	24.84
Sep	1086.8	0	30	36.23
Oct	980.3	0	31	31.62
Nov	1263.0	0	30	42.10
Dec	842.8	0	31	27.19
Total	10,354.2			

Name: Claudia Cochrane	Date: February 2, 2010
Signature: Jamasa Colladore	



Annual Report of Monthly Injection

For the Year 2009

Form 6		To the Minister of Na	atural Res	ources			v.2009-05-31		
Operator	Torque Energy Inc.			Tel. # (519) 433	3-7710	Fax # (519)	433-7588		
Address	s Suite 100, 360 Queens Avenue, London, ON N6B 1X6								
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			e Pool					
Township				urce Formation					
Lot				ion Fluid Type					
	Well Licence No. Inject		_	ction Formation					
	Well Status - Mode*			njection Pool					
Injection I	Permit No.								
* As of De	c. 31 - active, suspended, aban	doned, potential							
Description	on of fluid treatment prior to	injection							
	•								
Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)		Days on Injection					
Jan	NIL REPORT	(a a g a a a a a a a a a a a a a a a a	,						
Feb									
Mar									
April									
May									
June									
July		<u> </u>							
Aug									
Sep									
Oct	,								
Nov									
Dec									
Total									
The undersigned certifies that the information provided herein is complete and accurate and he/she has authority to bind the operator.									
John F. Name (print)	Cowan	Signate	Jre -						
		6							
Torque Company	Energy Inc.	Title	ector						
12 / 02 / Date (day/mor									