

Annual Report of **Monthly Injection**

For the Year 2010

Form 6	To the Minister of Natural Resources	v.2009-05-31
Operator: LONNIE BARNES	Tel. # 519-834-2339 Fax #5	19-834-2155
Address: BOX 242, OIL SPRINGS, ON	ION 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: RAIN WATER, WATER WELL
Township: ENNISKILLEN	Source Formation: 248'
Lot 18 Concession 1 & 2	Injection Fluid Type: FRESH WATER
Well Licence No.: SEE ATTACHED LIST	Injection Formation: DETROIT RIVER GROUP
Well Status - Mode*: ACT	Injection Pool: OIL SPRINGS POOL IN PARTS OF
Injection Permit No.: 2009-1	LOT 18, CON 1 & 2, ENNISKILLEN TOWNSHIP

^{*} As of Dec. 31 - active, suspended, abandoned, 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
Jan	246.45	5756.92 (400 PSI)	31
Feb	222.60		28
Mar	246.45		31
April	238.50		30
May	246.45		31
June	238.50		30
July	246.45		31
Aug	246.45		31
Sep	238.50		30
Oct	246.45		31
Nov	238.50		30
Dec	246.45		31
Total	2901.75		365

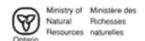
The undersigned certifies that the information provided herein is complete and ac	ccurate and he/she has authority to bind the operator.
---	--

DONNA BARNES	Donna Barnes.	
Name (print)	Signature	
BARNES OIL SPRINGS	BOOKEEPER	
Company	Title	
12/01/11		
Date (day/month/year)		

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





Form 6	To: the Minister of Nat			The same of the sa			
	Cameron Petroleum Inc		el. # (519)	657-9304	Fax # (519	0) 657-4050)
Address	P.O. Box 20109, 431 Boler R	d					
	London, Ontario N6K 4G6						
	only applies to fluid injection on wells must be reported and a			d Ifanasa	ia inau@iaia	st attach ad	ditional forms
-	e: Kewanee - Gobles 41	in injection mus	Source			bles	ditional forms.
	Blenheim			Formation:		bics	
	7 Lot 16 Concession	1 1	Fluid 7				
Well Licence #: 1909 Injection Formation:							
Well Statu	s - Mode*: Suspended			on Pool:			
Injection F							
* As of Dec. 31 - Active, suspended, abandoned, testing, potential							
Descriptio	n of fluid treatment prior to inj	ection:					
Month	Volume Injected (m³)	Average Dail Injection Pres (kPag at well	ssure	ure Injection (m ³ /		ection Rate /day)	
Jan	NIL		NIL	NIL		ŅIL	
Feb							
Mar							
April							
May							
June							
July							
Aug							
Sep							
Oct							
Nov							
Dec							
Total	+		+	+		+	
The undersi	gned certifies that the above infor	nation is complet	e and accura	te and he/she	has authority	to bind the	operator.
Name: L	ou Vujcic		Date:	February	01, 2011		
Signature:	For Anglic		Bookk	eeper			
	U						



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 Source Formation: Fluid Type: Well Licence #: 1719	Form 6	To: the Mini	ster of Natu	ral Resource	es					
London, Ontario N6K 4G6	Operator:				Tel. # (519)	657-9304	Fax#(519) 6:	57-4050	
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 #: * 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) Jan NIL	Address									
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 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) Jan NIL NIL NIL NIL NIL NIL Feb Mar April May June July July		London, Ontario N	N6K 4G6							
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Township: Blenheim Tract 3 Lot 7 Concession 1 Fluid Type: Well Licence #: 1719 Injection Formation: Well Status - Mode*: Suspended Injection Printit #: * 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) Injection Pressure (n³/day) Injection Promation: Injection Promation: Injection Pressure (n³/day) Injection Pressur					and the same of the same		is insuffi			onal forms.
Tract 3 Lot 7 Concession 1 Fluid Type: Well Licence #: 1719 Injection Formation: Well Status - Mode*: Suspended Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL			- Gobles 4	5				Gobles	š	
Well Licence #: 1719										
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Injection Pressure (kPag at wellhead) Jan NIL NIL NIL NIL NIL NIL Feb Mar April May June July Aug Sep Det 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 Injection (m³/tlay) (page at wellhead) NIL NIL NIL NIL NIL NIL NIL NI	Descriptio	n of fluid treatment p	orior to inje	ction:			ALCOHOL: MORRES			
Injection Pressure (kPag at wellhead) Jan NIL NIL NIL NIL NIL NIL Feb Mar April May June July Aug Sep Det 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 Injection (m³/tlay) (page at wellhead) NIL NIL NIL NIL NIL NIL NIL NI										
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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, 2011	Jan	N	IL			NIL			NIL	
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, 2011	Feb									
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, 2011	Mar									
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, 2011	April									
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, 2011	May									
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, 2011	June									
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, 2011	July							_	$\overline{}$	
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, 2011	Aug								-	
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, 2011	Sep							_		
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, 2011	Oct									
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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, 2011	Dec									
Name: Lou Vujcic Date: February 01, 2011	Total		,		+	+			+	
Name: Lou Vujcic Date: February 01, 2011						-		****		
Name: Lou Vujcic Date: February 01, 2011										
			bove inform	ation is comp				_	ind the oper	rator.
Signature: Lou Fusce Bookkeeper	Name: Le	ou Vujcic			Date:	February	01, 2011			
	Signature:	For 7	ufsie		Bookk	eeper				
			U							



Form 6	To: the Mini	ster of Natu	ral Resources						
Operator:	Cameron Petroleum		THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED I	# (519)	657-9304	Fax t	# (519) 657-405	50
Address	P.O. Box 20109, 43	31 Boler Rd							
	London, Ontario	N6K 4G6							
	only applies to fluid on wells must be rep				d. If spa	ce is insu	fficien	t attach a	dditional forms.
Well Nam	e: Kewanee Gobles	24		Source	Pool:		Go	bles	
Township:	Blenheim			Source	Formati	on:			
Tract Lot 18 Concession 1 Fluid Type:									
Well Licer	nce #: 1492			Injection	on Forma	ition:			
Well Statu	s - Mode*: Suspe	nded		Injection	on Pool:				
Injection F	Permit #:								
* As of De	c. 31 - Active, suspe	ended, aban	doned, testing, po	tential					
Descriptio	n of fluid treatment	prior to inje	ction:						
		1						-	
Month	Volume Injected (1	n')	Average Daily		Days or		-	tion Rate	
			Injection Pressu (kPag at wellhea			(m /	3/day)		
Jan	N	IL	N N			IIL		NIL	
Feb									
Mar									
April									
May									
June									
July									
Aug									
Sep									
Oct									
Nov								-	
Dec							_	-	
Total	,	,	+		,	,		,	•
	gned certifies that the	above inform	nation is complete ar					to bind the	operator.
Name: L	ou Vujcic			Date:	Febru	ary 01, 20	11		
Signature:	Lou Fr	ysic		Bookk	eeper				
		V							



ronn o	10: the Minis	ter or Natu	rai Kesource	CS						
	Cameron Petroleum			Tel.#	(519) 6	557-9304	Fax	# (519) 647-405	50
Address	P.O. Box 20109, 43									
	London, Ontario N									
	only applies to fluid on wells must be repo					d. If spa	ce is insu	fficien	t attach a	dditional forms.
	e: McMaster - Gobl		-		Source	STATE OF THE PARTY OF		Gol		
Township:	Blenheim				Source	Formation	on:			
Tract 7	7 Lot 16 Co	oncession	1	1	Fluid T	ype:				
Well Licer						on Forma	tion:			
Well Statu	s - Mode*: Suspen	ded		J	Injection	on Pool:				
Injection P	Permit #:									
* As of De	ec. 31 - Active, susper	nded, aband	doned, testin	ig, poter	ntial					
Description	n of fluid treatment p	rior to inje	ction:					ALCOHOLD D		
Month	Volume Injected (m	3)	Average D	aily		Days or	1	Injec	tion Rate	
	, , , , , , , , , , , , , , , , , , , ,	,	Injection P	ressure		Injectio		(m ³ /c		
			(kPag at w							
Jan	NI	L		NIL		N	IL		1	VIL
Feb										
Mar										
April										
May										
June										
July										
Aug										
Sep										
Oct										
Nov										
Dec										
Total	+			+		,	,			+
	gned certifies that the a	bove inform	ation is comp		accurat		she has aut		to bind the	e operator.
Signature:		elsò			Bookke					
	Love To	4se				-				



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: Ljubica Vujcic Date: February 01, 2011	Form 6	To: the Minister of Natu	ural Resources					
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: 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: Whom Wolume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL				# (519)	657-9304	Fax # (51	9) 647-405	0
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 Pool: Injection Pool: Injection Pool: Injection Print #: * 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) Jan NIL NIL NIL NIL NIL NIL Feb Mar April May	Address		t					
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Well Name: Robert McMaster & Sons – Gobles 7 Township: Blenheim Source Formation: Fluid Type: Well Licence #: 1025 Well Status - Mode*: Suspended Injection Pool: Injection Rate Injection Rate								
Township: Blenheim 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 (kPag at wellhead) Average Daily Injection Pressure (kPag at wellhead) Average Daily Injection NIL NIL			NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN	THE RESERVE AND ADDRESS.	STREET, SQUARE BY STREET, TAXABLE PARTY.	A STANDARD TO STANDARD AND A STANDARD A STANDARD AND A STANDARD AND A STANDARD AND A STANDARD A STANDARD A STANDARD AND A STANDARD A	The state of the later of the l	lditional forms.
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) Jan NIL			Gobles 7				bles	
Well Licence #: 1025			1				-	
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 (kPag at wellhead) Injection Pressure (kPag at wellhead) Injection Pressure (m³/day)			1					
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* As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month				injecti	on Pool.		-	
Description of fluid treatment prior to injection: Month		THE RESERVE THE PERSON NAMED IN COLUMN TWO	donad tasting no	tantial			-	
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Injection Pressure (kPag at wellhead) Jan NIL NIL 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: Ljubica Vujcic Date: February 01, 2011		, , , , , , , , , , , , , , , , , , , ,						
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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: Ljubica Vujcic Date: February 01, 2011	Jan	NIL			NIL		N	IIL
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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: Ljubica Vujcic Date: February 01, 2011							_	
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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: Ljubica Vujcic Date: February 01, 2011								
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: Ljubica Vujcic Date: February 01, 2011								
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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: Ljubica Vujcic Date: February 01, 2011							_	
Nov Dec Total 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, 2011	Oct							
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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, 2011	Total	+		,	+			,
Name: Ljubica Vujcic Date: February 01, 2011							-	
Name: Ljubica Vujcic Date: February 01, 2011								
			nation is complete a	-			to bind the	operator.
Signature: Lou Fuscie Bookkeeper	Name: L	jubica Vujcic		Date:	February	01, 2011		
	Signature:	Low Fredie		Bookk	eeper			
V		100					+	
		V						



Form 6	To: the Mini	ister of Natu	iral Resources						
	Cameron Petroleum			el. # (519)	657-9304	Fax #	(519)	657-405	0
Address	P.O. Box 20109, 43		l						
	London, Ontario	N6K 4G6							
	only applies to fluid on wells must be rep				ed. If space	ce is insuf	ficient	attach ad	ditional forms.
Well Nam	e: Robert McMaster	& Sons – C	Gobles 4	Source	Pool:		Gab	les	
Township	: Blenheim			Source	Formation	on:			
Tract		oncession	1	Fluid	Гуре:				
Well Lice				_	on Forma	tion:			
	ıs - Mode*: Suspe	nded		Injecti	on Pool:				
Injection I									
* As of De	ec. 31 - Active, suspe	ended, aban	doned, testing, p	ootential					
Descriptio	n of fluid treatment	prior to inje	ction:						
		-	,		,				
Month	Volume Injected (1	m³)	Average Daily		Days on			tion Rate	
			Injection Pres (kPag at wellh		Injection	n	(m ³ /d	ay)	
Jan	N	IL		NIL	N	IL		N	IIL
Feb				1					
Mar				_					
April									
May				_					
June									
July				_					
Aug									
Sep									
Oct									
Nov									
Dec									
Total	,	,		+	1			-	,
							-		
	gned certifies that the	above inform	nation is complete					bind the	operator.
Name: L	ou Vujcic			Date:	Februa	ry 01, 20	11		
Signature:	for of	uja		Bookk	eeper				
		U							



Well Licence #: 141	Form 6	To: the Mini	ster of Natu	ıral Resources						
London, Ontario N6K 4G6 This form only applies to fluid injection for secondary recovery. All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms. Well Name: Robert McMaster & Sons — Gobles 2 Source Pool: Gobles Township: Blenheim Source Formation: Tract Lot 19 Concession 1 Fluid Type: Well Licence #: 141 Injection Formation: Well Status - Mode*: Suspended Injection Pool: Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (RPag at wellhead) Jan NIL NIL NIL NIL NIL NIL Mar April May June July Aug Sep Oct Nov Doc 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, 2011	Operator:	The second secon			1. # (519)	657-9304	Fax	# (519) 657-405	0
This form only applies to fluid injection for secondary recovery. All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms. Well Name: Robert McMaster & Sons – Gobles 2	Address	P.O. Box 20109, 43	31 Boler Rd							
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms. Well Name: Robert McMaster & Sons — Gobles 2 Source Pool: Gobles Tract Lot 19 Concession 1 Fluid Type: Well Licence #: 141 Injection Formation: Well Status - Mode*: Suspended Injection Pool: Injection Permit #:		London, Ontario	N6K 4G6							
Township: Blenheim Source Formation: Tract Lot 19 Concession 1 Fluid Type:						ed. If spa	ce is insu	fficien	t attach ac	ditional forms.
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 (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL NIL	Well Nam	e: Robert McMaster	r & Sons – C	Gobles 2	Source	Pool:	NAME OF TAXABLE PARTY.	Go	bles	
Well Licence #: 141	Township:	Blenheim			Source	Formation	on:			
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 (kPag at wellhead) Injection Injection Rate (m³/day)	Tract	Lot 19 C	oncession	I	Fluid	Гуре:				
Injection Permit #: * As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month	Well Licer	nce #: 141			Injecti	on Forma	tion:			
* As of Dec. 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: Month			nded		Injecti	on Pool:				
Description of fluid treatment prior to injection: Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Injection Injection Rate (m³/day)	Injection P	Permit #:								
Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead) Jan NIL NIL NIL NIL NIL NIL Feb	* As of De	ec. 31 - Active, suspe	ended, aban	doned, testing, p	otential					
Injection Pressure (kPag at wellhead) Jan NIL 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 Injection (m³/day) (m	Description	n of fluid treatment	prior to inje	ction:						
Injection Pressure (kPag at wellhead) Jan NIL 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 Injection (m³/day) (m										
Injection Pressure (kPag at wellhead) Jan NIL 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 Injection (m³/day) (m										
Injection Pressure (kPag at wellhead) Jan NIL 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 Injection (m³/day) (m	24 - 1		3.	D.11		I D		1.1.	d'an Data	1
(kPag at wellhead) Jan NIL N	Month	Volume Injected (i	n)							
Jan NIL 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, 2011						Injectio		(ady)	
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, 2011	Jan	N	IL			N	IL		N	IIL
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, 2011	Feb									
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, 2011	Mar									
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, 2011	April									
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, 2011	May									
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, 2011	June									
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, 2011	July									
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, 2011	Aug									
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, 2011	Sep									
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, 2011	Oct									
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, 2011	Nov									
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, 2011	Dec									
Name: Lou Vujcic Date: February 01, 2011	Total	,	,		+		,		,	,
Name: Lou Vujcic Date: February 01, 2011										
Name: Lou Vujcic Date: February 01, 2011										
			above inform	nation is complete	-				to bind the	operator.
Signature: Lou Fujcie Bookkeeper	Name: L	ou Vujcic			Date:	Februa	ary 01, 20)11		
Ų.	Signature:	For Fre	(c,c		Bookk	eeper				
		Į.								



Annual Report of Monthly **Injection** for the year ____2010_

Form 6 To: the Minister of Natural Resources	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: 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

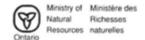
Description of fluid treatment prior to injection:

Month	Volume Injected (m³)	Average Daily	Days on	Injection Rate
		Injection Pressure (kPag at wellhead)	Injection	(m³/day)
Jan	902	-0-	31	29.10
Feb	839	-0-	28	29.96
Mar	845	-0-	31	27.26
April	670	-0-	30	22.33
May	526	-0-	31	16.97
June	463	-0-	30	15.43
July	465	-0-	0	15.00
Aug	388	-()-	31	12.52
Sep	321	-0-	30	10.70
Oct	388	-0-	31	12.52
Nov	334	-0-	30	11.13
Dec	351	-0-	31	11.32
Total	6,492		365	17.79

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, 2011
Signature: Low Prefixe	Bookkeeper





Annual Report of Monthly **Injection** for the year 2010

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

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

Description of fluid treatment prior to injection:

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	Injection Rate (m³/day)
Jan	1,394	-0-	31	44.97
Feb	1,389	-0-	28	49.61
Mar	1,880	-0-	31	60.65
April	1,719	-0-	30	57.30
May	1,474	-0-	31	47.55
June	1,277	-0-	30	42.57
July	1,174	-0-	31	37.87
Aug	1,314	-0-	31	42.39
Sep	1,194	-0-	30	39.80
Oct	1,499	-0-	31	48.35
Nov	1,403	-0-	30	46.77
Dec	1,466	-0-	31	47.29
Total	17,183		365	47.08

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, 2011
Signature: For Fresse	Bookkeeper
/	



Form 6

Oil, Gas and Salt Resources Act

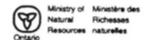
Annual Report of Monthly Injection

For the Year 2010

To the Minister of Natural Resources

v.2009-05-31

Operator	THIRBANK 1	614		Tel. # 2027-	6230 Fa	x# 287-3363
Address	FAIRBANK BOX 10, PETROLI	A, ONT				
	n only applies to fluid injec n wells must be reported and all				cient attach	additional forms.
Well Nam	ne MORNING STAN		Source	Pool 0/4	SPRING	65
Township			Source	Formation	DEVEN	
Lot	Concession		Injectio	n Fluid Type	Propace	
Well Lice	nce No.		Injectio		Deveni	
Well State	us - Mode*		Injectio			21265
Injection I	Permit No.					
* As of De	c. 31 - active, suspended, aband	loned, potential				
Description	on of fluid treatment prior to in	njection				
Marth	Mahama Intent of to-35	A		D	1	
Month	Volume Injected (m ³)	Average Daily Injection Press (kPag at wellhe		Days on Injection		
Jan						
Feb					1	
Mar						
April						
May						
June						
July						
Aug						
Sep						
Oct						
Nov						
Dec						
Total	75	200 p.s	i.i.	15		
Name (print)	gned certifies that the information pr FAIRBMIC BMIC 014		plete and	accurate and he/she	e has authorit	ly to bind the operator.
Company	313/11	Title				



Form 6	To: the Minister of Nati	irai Resources					
Operator:		Tel.			Fax #		
Address	BOXIO, PETROGIA, on	15 88.	2-02	30		882-3363	
	NON IRO						
	n only applies to fluid injection						,
and the second second second	ion wells must be reported and a	all injection must		_	CONTRACTOR OF THE PERSON.		
	ne: MORNING SMM		Source		14	SPRINGS	1
Township				Formation:		していかいかい	
Tract	Lot II Concession	19	Fluid'			Ducis WARN.	
Well Lice				on Formation		X UNIN (DETRUIT	(VI)
	us - Mode*:		Injecti	on Pool:	014	SPRINGS	
Injection							
* As of D	ec. 31 - Active, suspended, abar	idoned, testing, po	otential				
Description	on of fluid treatment prior to ini	ation:					7
Description	on of fluid treatment prior to inju	ection:				-	┨
						+	1
							_
Month	Volume Injected (m ³)	Average Daily		Days on		Injection Rate	ı
	Volume Injected (III)	Injection Pressu	ге	Injection		(m³/day)	
		(kPag at wellhes		,			
Jan							
Feb							
Mar							
April							
May							
June							
July							
Aug							
Sep							
Oct							
Nov							
Dec							
Total	-75	200 p.s	5.	15	-		
		100	-	, ,		+	1
The unders	igned certifies that the above infor	mation is complete	and accur	rate and he/she	has aut	hority to bind the operator.	_
Name:	S. FAINBAUL		Date:	For3 13			7
Signature		$\overline{}$		- 17	1	1	1
	(× 10 /						



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Minis	stry of Ministère des -						
- (87) Natu	_						
- Ontario Hesc	ources naturelles						
		011 0 10 11 0	L				
		Oil, Gas and Salt R					
	Annual	Report of Monthly In					
		For the year	2010				
Form 6		Natural Resources					
Operator:	Greentree Gas &		Tel. #	681-9355		Fax #	681-3887
Address: 207,209 Consorti							
	London, ON N6E	2S8					
Well Name:	Rodney South Un	it	Source Pool:			Jnit 3, Rodr	ney South Unit
Township:	Aldborough		Source Formation	1:	Dundee		
Tract	Lot D	Concession VII	Fluid Type:		Recovere	d formation	n and injection water
Well Licence #	#		Injection Formation	n:	Dundee		
Well Status - N			Injection Pool:		Rodney S	outh Unit	
Injection Perm							
	- Active, suspended	, abandoned, testing	, potential				
Description of	fluid treatment prior t	o injection:	Filtration				
•							
Month	Volume	Average Daily	Days on				
	Injected (m3)	Injection Pressure	Injection		niection R	ate (m3/da	v)
		kPag	,		ľ	,	ĺ
January	100.5	1,034	31			3.2	
February	101.5	1,034	28			3.6	
March	149.5	1,034	31			4.8	
April	116.8	1,034	30			3.9	
May	75.8	985	29			2.5	
June	81.7	1,089	30			2.7	
July	16.3	1,367	6			2.7	
August	10.0	1,507	0			2.1	
September	15.6	1,172	4			3.9	
October	80.0	1,172	31			2.6	
November	203.5	1,174	30			6.8	
December	3.9	1,172	2			0.0	
Total	945.1	1,172	252			0.1	
Total	343.1		232	-		-	
The undersian	ed certifies that the a	bove information is	complete and accur	rate and he	she has a	uthority to I	pind the operator.
Name:	Duncan Hamilton,		Date:	/5-Feb- //			
	-//			1,2			
Signature:	12		Position Held:	President			
o.gridiaio.	1/4		. Johnson Hold.	· roomonic	T		
	-/-						
						-	



Sperator: Greentree Gas & Oil Ltd. Tel. # 681-9355 Fax # 681-3887	Natural	of Ministère des Richesses						
Dil, Gas and Salt Resources Act		es naturelles						
Annual Report of Monthly Injection								
For the year 2010								
Form 6 To: the Minister of Natural Resources		Annual						
Operator: Greentree Gas & Oil Ltd. Tel. # 681-9355 Fax # 681-3887			For the year	2010				
Operator: Greentree Gas & Oil Ltd. Tel. # 681-9355 Fax # 681-3887								
Address: 207,209 Consortium Court London, ON N6E 2S8 Source Pool: Basal Township: Aldborough Source Formation: Glacial Gravel/Sand Fract								
London, ON N6E 2S8 Source Pool: Basal				Tel. #	681-9355		Fax #	681-3887
Nell Name: Rodney Unit 3 Source Pool: Basal	ddress:							
Source Formation: Glacial Gravel/Sand Fract Lot Concession Fluid Type: Fresh Water Well Licence # Injection Formation: Dundee		London, ON N6E	2S8					
Source Formation: Glacial Gravel/Sand Fract Lot Concession Fluid Type: Fresh Water Well Licence # Injection Formation: Dundee	Iall Name:	Podpey I Init 3		Source Pool:		Racal		
Tract Lot Concession Fluid Type: Fresh Water Injection Formation: Dundee Mell Status - Mode*: Injection Pool: Rodney R & R Unit 3 Injection of fluid treatment prior to injection: Rodney R & R Unit 3 Injection of fluid treatment prior to injection: Rodney R & R Unit 3 Injection of fluid treatment prior to injection: Rodney R & R Unit 3 Injection of fluid treatment prior to injection: Rodney R & R Unit 3 Injection Rate (m3/day) Rodney R & R Unit 3 Injection Pressure Injection Injection Rate (m3/day) Injection Pressure Injection Rate (m3/day) Rodney R & R Unit 3 Rodney R & R Unit 3 Injection Pressure Injection Rate (m3/day) Injection Rate (m3/day) Rodney R & R Unit 3 Rodney R & Rodney R & R Unit 3 Rodney R & Rodney R & R Unit 3 Rodney R & Rodney R							fravel/Sand	
Injection Formation: Dundee			Concession					
Injection Pool: Rodney R & R Unit 3		LOI	001100331011		u.		ato:	
Month Volume Average Daily Days on Injection Rate (m3/day)		de*			<u> </u>		R & R Unit 3	}
As of Dec 31 - Active, suspended, abandoned, testing, potential Description of fluid treatment prior to injection: No Treatment Month Volume Average Daily Injection Pressure RPag January 9,038.4 1,379 31 291.6 February 8,131.6 1,379 28 290.4 March 8,207.9 1,724 31 264.8 April 8,462.2 1,545 30 282.1 May 8,663.5 1,642 31 279.5 June 8,745.5 1,650 30 291.5 July 6,097.3 1,535 23 265.1 August 8,050.3 1,820 28 287.5 September 7,770.6 1,744 30 258.7 Doctober 5,595.3 1,827 22 249.5 December 5,826.2 1,359 21 277.4 Total Pluncan Hamilton Date: 75-Feb-1(Injection Foot.		touriey	, an one	Ī
Month Volume Average Daily Days on Injection Rate (m3/day)			abandoned testing	potential				
Month Volume Average Daily Days on Injection Rate (m3/day)	01 000 01 -1	istro, suspended	azariaariaa, teating	potential				
Month Volume Average Daily Days on Injection Rate (m3/day)	escription of flu	id treatment prior t	o injection:					
Month Volume			,					
Injected (m3) Injection Pressure Injection Injection Rate (m3/day) KPag								
Injected (m3) Injection Pressure Injection Injection Rate (m3/day) KPag								
Injected (m3) Injection Pressure Injection Injection Rate (m3/day) KPag								
Injected (m3) Injection Pressure Injection Injection Rate (m3/day)	Month	Volume	Average Daily	Days on				
September Sept					1	njection F	Rate (m3/day	v)
September Sept		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		,	(ľ
September Sept	anuary	9,038.4		31			291.6	
March 8,207.9 1,724 31 264.8 April 8,462.2 1,545 30 282.1 May 8,663.5 1,642 31 279.5 June 8,745.5 1,650 30 291.5 July 6,097.3 1,535 23 265.1 August 8,050.3 1,820 28 287.5 September 7,770.6 1,744 30 258.7 October 5,595.3 1,827 22 254.3 November 6,736.4 1,882 27 249.5 December 5,826.2 1,359 21 277.4 Total 91,325.2 332 332 The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the op Name: Duncan Hamilton Date: 75-Feb-i(
April 8,462.2 1,545 30 282.1 May 8,663.5 1,642 31 279.5 June 8,745.5 1,650 30 291.5 July 6,097.3 1,535 23 265.1 August 8,050.3 1,820 28 287.5 October 7,770.6 1,744 30 258.7 October 5,595.3 1,827 22 254.3 November 6,736.4 1,882 27 249.5 December 5,826.2 1,359 21 277.4 Total 91,325.2 332 The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the op Name: Duncan Hamilton Date: /5-Feb-i/			1,724	31			264.8	
May	pril		1,545	30			282.1	
Duly		8,663.5	1,642	31			279.5	
Duly								
August 8,050.3 1,820 28 287.5 September 7,770.6 1,744 30 258.7 October 5,595.3 1,827 22 254.3 November 6,736.4 1,882 27 249.5 December 5,826.2 1,359 21 277.4 Total 91,325.2 332 The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the op Name: Duncan Hamilton Date: /5-Feb-i/				23				
September		8,050.3						
Doctober 5,595.3 1,827 22 254.3 November 6,736.4 1,882 27 249.5 December 5,826.2 1,359 21 277.4 Total 91,325.2 332 The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the op Name: Duncan Hamilton Date: /5-Feb-i(30				
November 6,736.4 1,882 27 249.5 December 5,826.2 1,359 21 277.4 Total 91,325.2 332 The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the op Name: Duncan Hamilton Date: /5-Feb-i(22				
December 5,826.2 1,359 21 277.4 Fotal 91,325.2 332 The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the op Name: Duncan Hamilton Date: /5-Feb-i(6,736.4		27			249.5	
The undersigned certifies that the above information is complete and accurate and he/she has authority to bind the op Name: Duncan Hamilton	ecember		1,359				277.4	
Name: Duncan Hamilton Date: /5-Feb-i(otal	91,325.2		332				
Name: Duncan Hamilton Date: /5-Feb-i(
Name: Duncan Hamilton Date: /5-Feb-i(ha undereigned	cartifies that the a	hove information is	complete and accur	rate and ho	she has	authority to b	aind the operator
							additionly to t	ind the operator.
	ante.	Duncan Hamilton		Date.	70-1 60 11			
Signature: Position Hold: Drasident	,	-13/1	The state of the s	Position Held:	President			
Signature: Position Held: President	anature:	1100						



Annual Report of Monthly Injection

For the Year 2010

į	Form 6	To the Minister of Natural Resources		v.2009-05-	
	Operator	Liberty Oil & Gas Ltd.	Tel. # (403) 229-296	8 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 (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	259.49	0	5
Feb	156.41	0	3
Mar	206.85	0	5
April	161.64	0	4
May	150.51	0	4
June	116.87	0	3
July	198.64	0	5
Aug	120.97	0	3
Sep	153.77	0	4
Oct	139.01	0	3
Nov	92.93	0	2
Dec	140.25	0	3
Total	1897.34	0	44

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

Morley Salmon Name (print)	Signature
Liberty Oil & Gas Ltd. Company	
14 / 02 / 2011 Date (day/month/year)	



Annual Report of Monthly Injection

For the Year 2010

orm 6 To the Minister of Natural Resources		urces	v.2009-05-31	
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	Injection Fluid Type : Formation brine
Well Licence No. T005393	Injection Formation : Guelph
Well Status - Mode*: Active	Injection Pool : Plympton 5-19-VI
Injection Permit No. : 2001-1	

^{*} As of Dec. 31 - active, suspended, abandoned, 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
Jan	503.84	0	19
Feb	783.81	0	26
Mar	757.99	0	29
April	290.74	0	11
May	467.80	0	18
June	821.94	0	30
July	842.33	0	31
Aug	759.30	0	28
Sep	792.83	0	30
Oct	880.96	0	31
Nov	842.05	0	30
Dec	685.03	0	24
Total	8,428.63	0	307

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

_Claudia Cochrane Name (print)	Signature & L Collective	
Pintail Production Inc. Company	Secretary Title	_
February 15, 2011 Date (day/month/year)		



Arnie Hansen Name (print)

Reef Resources Ltd.

Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the Year 2010

Form 6	To the Minister of Natural Resources				v.2009-05-3
Operato	perator: Reef Resources Ltd.			Tel. # 403-251	-9447 Fax #403-251-9553
Mailing a	address PO Box 21046, Calgar	ry, AB, T2P 4H5			
	rm only applies to fluid inj on wells must be reported and				ficient attach additional forms.
Well Na	me: Ausable #1 and Ausabl	e #4	Source	Pool: Ausable	Unit
Townshi	ip: Stephen		Source	Formation: Gue	elph
Lot: 11	Concession: XXII		Injection	n Fluid Type: na	itural gas
Well Lic	ence No. 8842 & 11225		Injection	n Formation: Gu	uelph
Well Sta	itus - Mode* ACT		Injection	n Pool: Ausable	Unit
Injection	Permit No. 2003-1				
* As of D	ec. 31 - active, suspended, ab-	andoned, potential			
Descript	tion of fluid treatment prior to	o injection			
Month	Volume Injected (m ³)	Average Daily Injection Pressu (kPag at wellhe	ure	Days on Injection	
Jan		(25		0	
Feb				0	
Mar				0	
April				0	
May				0	
June	8.6	1,700 kPa		2	
July	10.2	1,700 kPa		0	1
Aug	7.0	1,700 kPa		1.5	
Sep	0	0		0	1
Oct	46.9	1,900 kPa		11	
Nov	50	1,800 kPa		19	
Dec	43.7	1,900 kPa		21	
Total				52.5	

The undersigned certifies that the information provided herein is complete and accurate and pe/she has authority to bind the operator.

Signature

President & CEO Title

26,2011



Annual Report of Monthly Injection

For the Year 2010

Form 6	6 To the Minister of Natural Resources			v.2009-05-31
Operator : Roth & Roth Limited			Tel. # 519-472-1542	Pax # 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, Provident Energy Ltd.
Township : Enniskillen	Source Formation : Salina B Salt
Lot 31 Concession XIV	Injection Fluid Type : Cavern-washing brine
Well Licence No. T008571	Injection Formation : Guelph
Well Status - Mode*: Active	Injection Pool : Wanstead
Injection Permit No. : 2001-2	

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

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

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	246.59	0	30
Feb	1,190.65	0	25
Mar	1,447.58	0	31
April	1,325.79	0	12
May	619.10	0	31
June	675.22	0	30
July	1,354.25	0	31
Aug	1,793.06	0	31
Sep	1,568.09	0	30
Oct	1,553.30	0	31
Nov	1,721.51	0	30
Dec	1,164.10	0	27
Total	14,659.24	0	339

The undersigned certifies that the information provided herein is complete and accurate and he/she has authority to bind the operator. 00

Claudia Cochrane Name (print)	Signature Collivaria	,
Roth & Roth Limited Company		
February 15, 2011 Date (day/month/year)		



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

For the year 2010

Form 6

To: the Minister of Natural Resources

Operator: TAQA North Ltd. Tel. # 878-1006 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

Tract

Fresh Water, Produced water

Lot

Fluid Type:

Columbus

Well Licence #

Injection Formation:

Well Status - Mode*:

Inj - ACT

Concession

Injection Pool:

Injection Permit #:

19-1

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	19,988	500 to 3200	31	644.8
Feb	15,013	500 to 3200	28	536.2
Mar	17,408	800 to 3100	31	561.5
April	14,754	500 to 3100	30	491.8
Мау	15,946	500 to 3000	31	514.4
June	15,114	500 to 3000	30	503.8
July	15,116	900 to 3100	31	487.6
Aug	14,736	300 to 3100	31	475.4
Sept	15,720	600 to 3000	30	524.0
Oct	15,034	500 to 3000	31	485.0
Nov	15,519	450 to 3050	30	517.3
Dec	15,494	500 to 3100	31	499.8
Total	189,842			

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

Name:	Jim McIntosh	DATE: Feb 15, 201	1	
Signature:	CHACO	Position Held:	Engineering	Consultant



Annual Report of Monthly Injection

For the Year 2010

Form 6	6 To the Minister of Natural Resources				v.2009-05-31
Operator	Torque Energy Inc.			Tel. # (519) 433	3-7710 Fax # (519) 433-7588
Address	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 Pool					
Township			Source Formation		
Lot Concession			Injection Fluid Type		
Well Licence No.			Injection Formation		
Well Status - Mode*			Injection Pool		
Injection Permit No.					
* As of Dec. 31 - active, suspended, abandoned, potential					
Description of fluid treatment prior to injection					
Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)		Days on Injection	
Jan	NIL REPORT				
Feb					
Mar					
April					
May					
June					
July					
Aug					
Sep					
Oct					
Nov					
Dec					
Total			1		
The undersigned certifies that the information provided herein is complete and accurate and he/she has authority to bind the operator. David C. Nelms					

