

Annual Report of Monthly Injection

For the Year 2013

Form 6	To the Minister of Natural Resources	v.2009-05-31	
Operator: LONNIE BARNES	Tel. # 519-834-2339	Fax #519-834-2155	
Address: BOX 242, OIL SPRINGS, ON I	NON 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 Source Formation: 248'		
Township: ENNISKILLEN			
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 (m ³)	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



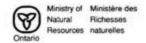
The undersigned certifies that the information provided herein is complete and accurate and he/she has authority to bind the operator.

DONNA BARNES	Singature	
Name (print)	Signature	_
BARNES OIL SPRINGS	BOOKEEPER	
Company	Title	
18/01/14		
Date (designments)		

INJECTION WELLS BARNES OIL SPRINGS

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	ACT
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

FEB 0 3 2014





Annual Report of Monthly Injection TROLEUM RESOURCES
for the year 2013

Form 6 To: the Minister of Natural Resources

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304	Fax # (519) 657-3633
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 #:		

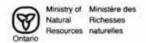
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

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	1,986	-0-	31	64.07
Feb	1,530	-0-	28	54.65
Mar	2,094	-0-	31	67,55
April	700	-0-	30	23.34
May	456	-0-	31	14.71
June	497	-0-	30	16.57
July	389	-0-	31	12.55
Aug	540	-0-	31	17.42
Sep	665	-0-	30	22.17
Oct	1,106	-0-	31	35.68
Nov	1,240	-0-	30	41.34
Dec	1,668	-0-	31	53.81
Total	12,871		365	35.27

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

Name: Allan Cook	Date: February 01, 2014
Signature:	Manager



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Annual Report of Monthly **Injection** for the year 2013

PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

Form 6	To: the Minister of Natural Resources
--------	---------------------------------------

Operator: Cameron Petroleum Inc	Tel. # (519) 657-9304 Fax # (519) 657-3633
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	1,335	-0-	31	43.07
Feb	1,143	-0-	28	40.83
Mar	1,786	-0-	31	57.62
April	1,839	-0-	30	61.30
May	1,430	-0-	31	46.13
June	1,164	-0-	30	38.80
July	961	-0-	31	31.00
Aug	1,163	-0-	31	37.52
Sep	853	-0-	30	28.44
Oct	876	-0-	31	28.26
Nov	928	-0-	30	30.94
Dec	1,335	-0-	31	43.07
Total	14,713		365	40.31

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

Name: Allan Cook	Date: February 01, 2014		
Name: Allan Cook Signature:	Presidnet		



Operator: Cameron Petroleum Inc

Lot 19

P.O. Box 20109, 431 Boler Rd

London, Ontario N6K 4G6

Well Name: Robert McMaster & Sons - Gobles 2

Form 6

Address

Tract

Total

Signature:

Name: Allan Cook

Township: Blenheim

Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

This form only applies to fluid injection for secondary recovery.

Concession 1



Annual Report of Monthly **Injection** for the year 2013

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

Tel. # (519) 657-9304

Source Pool:

Fluid Type:

Source Formation:

Fax # (519) 657-3633

Gobles

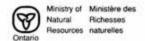
Well Lic	ence #: 141		injec	tion Forma	tion:			
Well Sta	tus - Mode*: Suspended		Injection Pool:					
Injection	Permit #:							
* As of I	Dec. 31 - Active, suspended	, abandoned, testing, po	otential					
Descripti	on of fluid treatment prior t	o injection:						
	T			I.				
Month	Volume Injected (m ³)	Average Daily Injection Pressu (kPag at wellhe		Days or Injectio		Injection Rat (m³/day)	e	
Jan	NIL	N	IL	N	IL		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.

Date:

Manager

February 01, 2014



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Annual Report of Monthly Injection

for the year _____2013

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PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

Form 6	To: the Minister of Natural Res	sources	MINISTRY OF NATURAL RESOURCES
Operator: C	Cameron Petroleum Inc	Tel. # (519) 657-9304	Fax # (519) 657-3633
Address I	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	Source Pool: Gobles
Township: Blenheim	Source Formation:
Tract Lot 22 Concession 1	Fluid Type:
Well Licence #: 149	Injection Formation:
Well Status - Mode*: Suspended	Injection Pool:
Injection Permit #:	

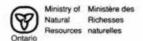
^{*} As of Dec. 31 - Active, suspended, abandoned, testing, potential

Description 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	+	+	+	+

Name: Allan Cook	Date: February 01, 2014
Signature:	Manager

*0		



Operator: Cameron Petroleum Inc

P.O. Box 20109, 431 Boler Rd

London, Ontario N6K 4G6

Form 6

Address

Name: Allan Cook

Signature:

Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

This form only applies to fluid injection for secondary recovery.

Annual Report of Monthly Injection for the year ___

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

Tel. # (519) 657-9304

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FEB 1 3 2014

PETROLEUM RESOURCES MINISTRY OF NATURAL RESOURCES

Fax # (519) 647-3633

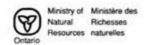
Well Na	Well Name: Robert McMaster & Sons - Gobles 7			rce Pool:	Gobles	
Township: Blenheim			Sou	rce Formation:		
Tract 3 Lot 19 Concession 1			Fluid Type:			
Well Lic	ence #: 1025		Inje	ction Formation:		
Well Stat	tus - Mode*: Suspended		Inje	ction Pool:		
Injection	Permit #:					
* As of E	Dec. 31 - Active, suspended, a	bandoned, testing,	potential			
Descripti	ion of fluid treatment prior to	injection:				
Month	Volume Injected (m³)	Average Dai	lv	Days on	Injection Ra	te
· · · · · · · · · · · · · · · · · · ·	volume injected (iii)	Injection Pressure (kPag at wellhead)		Injection	(m³/day)	
Jan	NIL	(111 115 111 111	NIL	NIL		ŅIL
Feb						
Mar						
April						
May						
lune						
luly						
Aug			1			
Sep						
Oct						
Nov						
Dec						
Total	1		+	1		+

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

Date:

Manager

February 01, 2014



Operator: Cameron Petroleum Inc

P.O. Box 20109, 431 Boler Rd London, Ontario N6K 4G6

Form 6

Address

Name:

Signature:

Allan Cook

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FEB 1 3 2014
PETROLEUM RESOURCES
MINISTRY OF NATURAL RESOURCES

Fax # (519) 647-3633

Oil, Gas and Salt Resources Act

To: the Minister of Natural Resources

This form only applies to fluid injection for secondary recovery.

Annual Report of Monthly **Injection** for the year ____2013

Tel. # (519) 657-9304

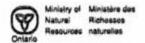
Well Na	me: McMaster - Gobles 20	Sou	rce Pool:	Gobles			
Township: Blenheim			Source Formation:				
Tract 7 Lot 16 Concession 1			Fluid Type:				
Well Lic	ence #: 1287	The second secon	ction Formation:				
Well Sta	tus - Mode*: Suspended		ction Pool:				
Injection	Permit #:						
* As of E	Dec. 31 - Active, suspended, a	bandoned, testing, potential					
Descripti	ion of fluid treatment prior to	injection:					
	Turn visit h	1. 5.2	T.	Tree of Bri			
Month	Volume Injected (m ³)	Average Daily Injection Pressure	Days on Injection	Injection Rate (m³/day)			
		(kPag at wellhead)	Injection	(m /day)			
Jan	NIL	NIL	NIL	NIL			
Feb							
Mar							
April							
May							
June							
July							
Aug							
Sep							
		I	1 1				
Oct			+				
Oct Nov Dec							

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

Date:

Manager

February 01, 2014



Aug Sep Oct Nov Dec Total Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection for the year ______2013_

Form 6	To: the Minister of	Natural Resource	es			
Operator	: Cameron Petroleum Inc		Tel. # (519) 657-9304 F	ax # (519) 657-3633	
Address	P.O. Box 20109, 431 Bole	r Rd				
	London, Ontario N6K 4C	16				
This form	n only applies to fluid injectition wells must be reported a	ion for secondar nd all injection m	y recovery. nust be repor	ted. If space is i	nsufficient attach additional	forms.
Well Na	me: Imperial Kewanee - Gob	es 45	Sour	ce Pool:	Gobles	
Townshi	p: Blenheim		Sour	ce Formation:		
Tract	3 Lot 7 Concessi	on 1	Fluid	Type:		
Well Lic	ence #: 1719		Injec	tion Formation:		
Well Sta	tus - Mode*: Suspended		Injec	tion Pool:		
Injection	Permit #:					
	on of fluid treatment prior to					
Month	Volume Injected (m³)	Average D Injection P (kPag at w	ressure	Days on Injection	Injection Rate (m³/day)	
Jan	NIL		NIL	NIL	NIL	
Feb						
Mar						
April						
May						
June						
July	 	-		+		

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

Name: Allan Cook Date: February 01, 2014

Signature: President

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Annual Report of Monthly Injection

For the Year 2013

	m only applies to fluid inj				
All injectio	on wells must be reported and	all injection must be	reported. I	f space is insuff	icient attach additional forms.
Well Nan	ne Monning 57	n	Source I	Pool 014	SPRINGS
Township	P tow NISKILLOW	6		Formation	Mercanoli
Lot 10	,		Injection	Fluid Type 1	notucos waren
Well Lice			Injection	Formation	Dermino
	tus - Mode*		Injection	Pool Ø	14 SPAMGS
-	Permit No.				
* As of De	c. 31 - active, suspended, aba	andoned, potential			
Description	on of fluid treatment prior to	injection			
Description	on or hard treatment prior to	/ injection			
		4000			ω
Month	Volume Injected (m³)	Average Daily			1
	processor and the second secon	Injection Press		njection	
Jan		(kPag at wellh	ead)		
Feb					
Mar		+	_	-	
April			_	REC	EIVED
May			_	2 1 1000	
			_	FE	B 18 2014
11/10/2019				_	
June	1		_	PETRO	EUM RESOURCES NATURAL RESOURCES
June July				MINISTRY O	NATURAL RESCONOSCO
June July Aug			-		
June July Aug Sep					
June July Aug Sep Oct					
June July Aug Sep Oct Nov					
June July Aug Sep Oct					



Annual Report of Monthly Injection

For the Year 2013

Form 6

To the Minister of Natural Resources

v.2009-05-

 Operator
 LIBERTY OIL & GAS LTD.
 Tel. # (403) 229-2968 Fax # (403) 229-2978

 Address
 Suite # 209, 1324 – 11th Avenue 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 7-5-V E (Dover East)
Township Dover	Source Formation Ordovician TRBR
Tract 3 Lot 6 Concession IV E	Injection Fluid Type Formation Water (brine)
Well Licence No. T007802	Injection Formation Ordovician Black River Group
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

	cription of fluid treatment prior to injection
	NONE
_	NONE

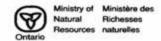
Month	Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead)		Days on Injection
Jan	387.28	0	11
Feb	343.41	343.41 0	
Mar	335.50	335.50 0	
April	322.00	0	9
May	448.72	0	17
June	332.25	0	12
July	457.17	457.17 0	
Aug	438.02	0	14
Sep	446.17	0	14
Oct	510.86	0	17
Nov	370.10	0	14
Dec	412.25	0	16
Total	4803.73	0	159

The undersigned certifies that the information	on provided herein is complete and accurate and he/she has	authority to bind the operator
MORLEY SALMON	_ made	
Name (print)	Signature	
LIBERTY OIL & GAS LTD.	Director	
Company	Title	
10/02/2014		
Date (day/month/year)		



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- W Natura	al Richesses _ proes naturelles			1	FEB 0 7 2014	
- Ontario	-				THULEUM RESOURCE	
	1	Oil, Gas and Salt Re	Decurres Act	MINIST	TY OF NATURAL PER	25
-	Annual	Report of Monthly Ir		Pelaning	THE THE PERSON	UNCES
	Ailida	For the year				-
	 	1 or the year	2010	-		
Form 6	To: the Minister o	f Natural Resources		/		
Operator:	ON-ENERGY CO		Tel.#	519-695-3811	Fax #	519-695-3852
Address:		Bothwell, ON NOP 1				
				15		
Well Name:	Rodney Unit 3		Source Pool:		Basal	
Township:	Aldborough		Source Formation		Glacial Gravel/Sand	
Tract	Lot	Concession	Fluid Type:	i	Fresh Water	
Well Licence #	LOI	CONCESSION	Injection Formatio	u.	Dundee	
Well Status - M	lode*:		Injection Pool:		Rodney R & R Unit 3	
njection Permit			injection Fooi.	-	I want of it a it offit o	i -
		I , abandoned, testing	. potential			
	lating outperiodu	, toothig	Perentual			
Description of fl	luid treatment prior	to injection:				
No Treatment		1.77				
				4		
-						
Month	Volume	Average Daily	Days on			
	Injected (m3)	Injection Pressure	Injection	4	njection Rate (m3/day	()
		kPag				
January	488.0	226	31		15.7	
February	443.3	225	28		15.3	
March	490.1	230	31		15.8	
April	472.3	230	30		15.7	
May	468.2	223	31		15.1	
June	448.2	230	30		14.9	
July	470.3	224	31 31		15.2	
August	475.5	237 231	30		15.8 15.9	
		231			19.8	
September	460.3	220	24			
September October	614.4	230	31			
September October November	614.4 459.1	230	30		15.3	
September October November December	614.4 459.1 287.2		30 19			
September October November December	614.4 459.1	230	30		15.3	
September October November December	614.4 459.1 287.2	230	30 19		15.3	
September October November December Total	614.4 459.1 287.2 5,576.9	230	30 19 353		15.3 15.1	o operator
September October November December Total The undersigne	614.4 459.1 287.2 5,576.9	230 137 bove information is o	30 19 353 complete and accu	rate and he/she ha	15.3 15.1 as authority to bind the	e operator.
August September October November December Total The undersigne Name:	614.4 459.1 287.2 5,576.9	230 137 bove information is o	30 19 353		15.3 15.1 as authority to bind the	e operator.
September October November December Total	614.4 459.1 287.2 5,576.9 d certifies that the a	230 137 above information is o	30 19 353 complete and accu	rate and he/she ha	15.3 15.1 as authority to bind the	e operator.

					Annual St. N. St. Street Design	
				FEC	EIVED	
- (S) Mirri	stry of Ministère des iral Richesses					
- Ontario Resi	ources naturelles			FFF	0 = 000	
_ Onsano				FEE	0 7 2014	
		Oil, Gas and Salt R	esources Act		Section 10 to the last of the	
	Annu	al Report of Monthly I		PEHIOLIC	IM RESQUIRCES	
	1	For the year		MINISTRY OF	AFURAL RESOURCE	
		10.00		L		
Form 6	To: the Minister	of Natural Resources				
Operator:	ON-ENERGY C		Tel.#	519-695-3811	Fax#	519-695-3852
Address:		., Bothwell, ON NOP 1			1 400	0.000000
	Too mountain or					
Well Name:	Rodney South U	Init	Source Pool:		Rodney Unit 3, Rodr	nev South Unit
Township:	Aldborough	Ť	Source Formation	7.	Dundee	oy oodii oiii
Tract	Lot D	Concession VII	Fluid Type:	<u>'</u>	Recovered formation	and injection water
Well Licence #		OUTOGSSIOTI VII	Injection Formation	no.	Dundee	and injection water
Well Status - N		+	Injection Pool:	T T	Rodney South Unit	
Injection Perm		+	injection Pool.		Rouney South Unit	
		d abandoned testina	ttt			
As or Dec 31	- Active, suspende	ed, abandoned, testing	, potential			
Description of	Outlet ten eten eust eusla	a for Indications	Eller de			×
Description of	fluid treatment prio	r to injection:	Filtration			
Month	Volume	Average Daily	Days on			
	Injected (m3)	Injection Pressure	Injection		njection Rate (m3/day	v)
	- fr = 20 - 50	kPag			ľ	ľ
January	-	T .	0			7
February		-	0		-	
March	-	- 20	0			
April	-		0			
May	-		Ö		-	
June		-	0		-	
July	· :	-	0			
August	1	-	0			5
September		-	0			
October	-	-	0		-	
November	+ - :	-	0			
December	1 :		0		-	
Total	+ - :				•=	
otai						
he undersies	ad cortifies that the	About into action in	somplete and accord	rate and he/sha har	though to blad the	
	lane Levrine	above information is		rate and he/she has a		erator,
Name:	Jane Lowrie	11/	Date:	15-Feb-14		
Signature:	4	Koure	Position Held:	President		





Oil, Gas and Salt Resources Act Annual Report of Monthly **Injection** For the year 2013

To: the Minister of Natural Resource	S	Series and the series of the series of	Automorphism and the second	
Pintail Production Inc.	Tel. #	472-1542	Fax#	472-9434
22687 Jury Rd, RR #3, Komoka, ON	, NOL 1R0			
	Pintail Production Inc.	To: the Minister of Natural Resources Pintail Production Inc. Tel. # 22687 Jury Rd, RR #3, Komoka, ON, NoL 1R0	Pintail Production Inc. Tel. # 472-1542	Pintail Production Inc. Tel. # 472-1542 Fax #

Well Name:	Bluewater Tri	ue Fitzgerald	Source Pool:	Plympton 5-19-VI
Township:	Plympton	3	Source Formation:	Guelph
Tract: 3	Lot: 20	Concession: VI	Fluid Type:	Formation brine
Well Licence #	T005393		Injection Formation:	Guelph
Well Status - Mo	ode*:	Inj - ACT	Injection Pool:	Plympton 5-19-VI
Injection Permit	#:	2001-1		

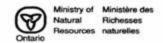
^{*} As of Dec 31 - Active, suspended, abandoned, testing, potential

Month	Volume Injected (m3)	Average Daily Injection Pressure kPag	Days on Injection	Injection Rate (m3/day)
Jan	948	0	31	30.6
Feb	887	0	26	34.1
Mar	966	0	31	31.2
April	933	0	30	31.1
May	722	0	24	30.1
June	751	0	24	31.3
July	963	0	30	32.1
Aug	1,043	0	31	33.7
Sept	968	0	30	32.3
Oct	1,050	0	30	35.0
Nov	1,028	0	30	34.3
Dec	1,027	0	30	34.2
Total	11285.48			

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

Name: Claudia Cochrane DATE: Feb 15, 2014

Name:	Claudia Cochrane	DATE: Feb 15, 2014		
Signature:	CALLY S	Position Held:	Secretary	





Oil, Gas and Salt Resources Act Annual Report of Monthly Injection For the year 2013

Form 6	To:	the	Minister	of	Natural	Resources

1 01111	To: the immeter of flatterer floodered						
Operator:	Roth & Roth Limited	Tel. #	472-1542	Fax #	472-9434		
Operator: Address:	22687 Jury Rd, RR #3, Komoka, ON, N	IOL 1R0					

Well Name:	Roth & Roth	4 Johnson 1 Enn 31-XIV	Source Pool: Brine ponds, Provident Energy, Production		
Township:	Enniskillen		Source Formation:	Salina B Salt, Guelph	
Tract: 3	Lot: 31	Concession: XIV	Fluid Type:	Cavern washing brine, production	
Well Licence #	T008571		Injection Formation:	Guelph	
Well Status - Mo	ode*:	Inj - ACT	Injection Pool:	Wanstead	
Injection Permit	#:	2001-2			

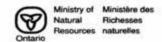
^{*} As of Dec 31 - Active, suspended, abandoned, testing, potential

Description of fluid treatment prior to injection:	
Addition of oxygen scavanger, scale inhibitor. Water is filtered	

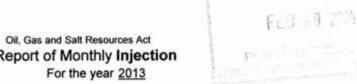
Month	Volume Injected (m3)	Average Daily Injection Pressure kPag	Days on Injection	Injection Rate (m3/day)
Jan	1,506	0	31	48.6
Feb	1,285	0	28	45.9
Mar	609	0	31	19.7
April	474	0	30	15.8
May	1,323	0	31	42.7
June	1,113	0	30	37.1
July	1,165	0	31	37.6
Aug	1,280	0	31	41.3
Sept	1,086	0	30	36.2
Oct	1,427	0	31	46.0
Nov	1,379	0	30	46.0
Dec	1,253	0	31	40.4
Total	13,899	3		

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

Name:	Claudia Cochrane	DATE: Feb 15, 2014	k	
Signature:	SAX .	Position Held:	Secretary	



Annual Report of Monthly Injection



Fax # 472-7897

Form 6	To: the Minister of Natural Resources	- C=		
Operator:	TAQA North Ltd.	Tel.#	878-1006	

Address: P. O. Box 9009, 1795 Ernest Ave London, Ontario, N6E 2V5

Source Pool: Rodney Unit Well Name: Various

Township: Glacial drift, Columbus Source Formation: Aldborough Fresh Water, Produced water Tract Concession Fluid Type: Lot

Well Licence # Injection Formation: Columbus

Well Status - Mode*: Inj - ACT Injection Pool: 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 Injected (m3)	Average Daily Injection Pressure kPag	Days on Injection	Injection Rate (m3/day)
Jan	10,615	500 to 3200	31	342.4
Feb	13,370	500 to 3200	28	477.5
Mar	16,945	800 to 3100	31	546.6
April	14,003	500 to 3100	30	466.8
May	13,003	500 to 3000	31	419.5
June	14,102	500 to 3000	30	470.1
July	20,741	900 to 3100	31	669.1
Aug	21,016	300 to 3100	31	677.9
Sept	15,457	600 to 3000	30	515.2
Oct	17,347	500 to 3000	31	559.6
Nov	19,519	450 to 3050	30	650.6
Dec	17,205	500 to 3100	31	555.0
Total	193,323			

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

Name:	Jim MeIntosh	DATE: Feb 15, 2014	
Signature:	MA	Position Held:	Engineering Consultant