

## Annual Report of Monthly Injection

For the Year 2018

Form 6	he Minister of Natural Resources v.2009-05-31
Operator: LONNIE BARNES	Tel. # 519-834-2339 Fax #
Address: BOX 242, OIL SPRINGS, ON N	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		

<sup>\*</sup> As of Dec. 31 - active, suspended, abandoned, potential

scription of fluid treatment prior to injection: SETTLING IN POND	
Soription of hald treatment prior to injection. SET TENTO IN 1 OND	

Month	Volume Injected (m <sup>3</sup> )	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	Lonna Darnes
Name (print)	Signature
BARNES OIL CO	BOOKEEPER
Company	Title
11/02/2019	
Date (day/month/year)	

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# 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	ABD
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

	-	



Well Licence No. 141

Injection Permit No.

Well Status - Mode\* Suspended

Oil, Gas and Salt Resources Act

## Annual Report of Monthly Injection

For the	Year <u>2018</u>		
Form 6 To the Minister	of Natural Resources		v.2009-05-31
Operator Cameron Petroleum Inc.	Tel.#	519-657-9304	Fax#
Address P.O. Box 20109, 431 Boler Rd, London, ON N6	K 4G6		
This form only applies to fluid injection for seco All injection wells must be reported and all injection must		nsufficient attach additi	onal forms.
Well Name Robert McMaster & Sons - Gobles 2	Source Pool Goble	es	
Township Blenheim	Source Formation		
Lot 19 Concession 1	Injection Fluid Type		

* As of Dec.	31	<ul> <li>active.</li> </ul>	suspended.	abandoned.	potential

Description of fluid treatment prior to injection	

Injection Formation Injection Pool

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

Total	NII	NII	NII		
The under	signed certifies that the	information provided herein is complete	0		rity to bind the operator.
LOU VUJ	CIC	75.00	lica of	eferic	
Name (prin	t)	Signature		/	CONTRACTOR OF STREET,
Cameron	Petroleum Inc.	Bookke	eper	IRE	ECEIVE
Company		Title			N 2000
Date 24/0	1/2019				FEB 1 3 2019

PETROLEUM OPERATIONS MINISTRY OF DATUS AS DESOURCES AND PORELLINY



# Annual Report of Monthly Injection

	To the Minister of Natural Resources				v.2009-05-3
ameron Petroleum Inc.	Tel. # 519-657-9304			Fax#	
O. Box 20109, 431 Boler Ro	, London, ON N6	< 4G6		= 3114 11117 1 5 11 5 1	
				sufficient attach addition	onal forms.
e Robert McMaster & Son	s – Gobles 7	Source	e Pool Goble	es	
Blenheim					
ce No. 1025		_			
s - Mode* Suspended		Injecti	on Pool		
ermit No.					
31 - active, suspended, abo	andoned, potential				
of fluid treatment prior to	injection	-	-		
or fluid treatment prior to	injection				11-11-1
		-1-1-			
Volume Injected (m³)	Injection Pre	ssure	Days on Injection		
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		7.5			
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				$\dashv$	
		71111111111111		$\dashv$	
	_			-	
				-	
				-	
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# Annual Report of Monthly Injection

For the Year 2018

Operator Cameron Petroleum Inc.				Tot #	510 657 0204	Fou #
Operator Cameron Petroleum Inc.				Tel.#	519 657 9304	Fax#
Address I	P.O. Box 20109, 431 Boler Ro	d, London, ON N6	K 4G6			
	m only applies to fluid inj on wells must be reported and				is insufficient attach a	dditional forms
Well Nan	ne Robert McMaster & Son	s -Gobles 4	Source	e Pool Go	bles	
Township	Blenheim		Source	e Formation	on	
	2 Concession 1			ion Fluid T		
	nce No. 149			ion Format	ion	
	us - Mode* Suspended		Injecti	ion Pool		
	Permit No.					
* As of De	c. 31 - active, suspended, abo	andoned, potentia	1	83		
Description	on of fluid treatment prior to	niection				
Description	on or halo treatment prior to	injection			+++++++++++++++++++++++++++++++++++++++	
						******
Month	Volume Injected (m³)	Average Dai	essure	Days on Injection		
Month	Volume Injected (m³)		essure			
	Volume Injected (m³)	Injection Pre	essure			
Jan	Volume Injected (m³)	Injection Pre	essure			
Jan Feb	Volume Injected (m³)	Injection Pre	essure			
Jan Feb Mar	Volume Injected (m³)	Injection Pre	essure			
Jan Feb Mar April	Volume Injected (m³)	Injection Pre	essure			
Jan Feb Mar April May	Volume Injected (m³)	Injection Pre	essure			
Jan Feb Mar April May June	Volume Injected (m³)	Injection Pre	essure			
Jan Feb Mar April May June July Aug	Volume Injected (m³)	Injection Pre	essure			
Jan Feb Mar April May June July Aug Sep	Volume Injected (m³)	Injection Pre	essure			
Jan Feb Mar April May June July Aug	Volume Injected (m³)	Injection Pre	essure			
Jan Feb Mar April May June July Aug Sep Oct	Volume Injected (m³)	Injection Pre	essure			

24/01/2019 Date (day/month/year) RECEIVED

FEB 1 3 2019

PETFOLEUM OFBRATIONS MINISTRY OF ALL SUBSET



Nil

Total

Oil, Gas and Salt Resources Act

# Annual Report of Monthly Injection

Form 6		For the Y				v.2009-05-3
	5400 1944010TEO AX	To the Minister o	Natural F	Resources	V2000000000000000000000000000000000000	V.2009-05-3
Operato	r Cameron Petroleum Inc.			Tel.#	519-657-9304	Fax#
Address	P.O. Box 20109, 431 Boler Ro	d, London, ON N6K	4G6			
This for All injecti	rm only applies to fluid inj ion wells must be reported and	ection for secon all injection must b	dary red e reporte	covery. ed. If space is in	sufficient attach addition	onal forms.
Well Na	me Robert McMaster & Son	s - Gobles 20	Source	ce Pool Goble	s	
and of the state of the state of	ip Blenheim		0.0000	ce Formation		
	16 Concession 1			ion Fluid Type		rale iye
	ence No. 1287			ion Formation		
Well Sta	atus - Mode* Suspended		Inject	ion Pool		
Injection	Permit No.				100-17-107-77-100	
* As of D	ec. 31 - active, suspended, ab	andoned, potential				
Month	Volume Injected (m³)	Average Daily Injection Pres (kPag at well	sure	Days on Injection	7	
Jan		1 23				
Feb						
Mar						
April						
May						
June						
July						
Aug						
Sep		1		1		
Oct	1			1		
Nov					1	
O-COMMON L	1			T. Contract of the contract of		

The undersigned certifies that the informat	<b>₽.</b> ( .	and he/she has authority to bind the operator.
LOU VUJCIC	Murca	tryge
Name (print)	Signature	Production of the second secon
Cameron Petroleum Inc.	Bookkeeper	TRECEIVED
Company Date 24/01/2019	Title	FEB 1 3 2019

Nil

Nil



# **Annual Report of Monthly Injection**

## For the Year 2018

Form 6 To	ne Minister of Natural Resources	v.2009-05-3	
Operator Cameron Petroleum Inc.	Tel. # 519-657-9304	Fax#	
Address P.O. Box 20109, 431 Boler Rd, Lone	n, ON 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	
Lot: 41 Concession NB	Injection Fluid Type: Salt water	
Well Licence 11413	Injection Formation: Guelph	
Well Status - Mode* Active	Injection Pool	
Injection Permit No.		

<sup>\*</sup> As of Dec. 31 - active, suspended, abandoned, potential

Description of fluid treatment prior to injection	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	754		31
Feb	884		28
Mar	690		31
April	904		30
May	907		31
June	734		30
July	641		31
Aug	535		31
Sep	509		30
Oct	767	2-12-2-20	31
Nov	566		30
Dec	815		31
Total	8706		365

The undersigned certifies that the information	tion provided herein is complete and accurate	and he/she has authority to bind the operator.
LOU VUJCIC	Mulica	Trefere
Name (print)	Signature	Land Some South South St.
Cameron Petroleum Inc.	Bookkeeper	MECEIVEL
Company Date 28/01/2019	Title	FEB 1 3 2019



## **Annual Report of Monthly Injection**

## For the Year 2018

er of Natural Resources			9-05-31
Tel.#	519-657-9304	Fax#	
		Tel. # 519-657-9304	

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	
Lot: 41 Concession NB	Injection Fluid Type: Salt water	
Well Licence No. 1063	Injection Formation: Guelph	
Well Status - Mode* Active	Injection Pool	
Injection Permit No.		

<sup>\*</sup> As of Dec. 31 - active, suspended, abandoned, potential

Description of fluid treatment prior to injection	

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	585		31
Feb	1022		28
Mar	771		31
April	914		30
May	907		31
June	881		30
July	823		31
Aug	556		31
Sep	535		30
Oct	403		31
Nov	462		30
Dec	444		31
Total	8,303		365

The undersigned certifies that the informat	ion provided herein is complete and accu	rate and be/she has authority to bind the operator.
LOU VUJCIC	_ murca	Trefge
Name (print)	Signature	
Cameron Petroleum Inc.	Bookkeeper	BECENTER
Company	Title	A E Sun Co Sun E V Korn Lou
Date 28/01/2019		FEB 1 3 2019



## Annual Report of Monthly Injection

Form 6		To the Minister of Natu	ral Resources		v.2009-05-31
Operato	CHARLES TAID	BOWK OIL	Tel:# > 19	- 882 Fax# 0	230
Address	PRUPERTIES L	rp.			
This for All Injecti	rm only applies to fluid inj on wells must be reported and	ection for secondary all injection must be repo	recovery. orted. If space is ins	sufficient attach addition	al forms.
	me MUNINIMITA LY		ource Pool		
Townsh	IP ENWISKILLER	u S	ource Formation		
Lot 1			ection Fluid Type		
Well Lic	ence No. TO 1/11Z		ection Formation		
	itus - Mode* Susper	ncio In	ection Pool		
-	Permit No.				
* As of D	ec. 31 - active, suspended, aba	andoned, potential			
Descript	ion of fluid treatment prior to	o injection			
				mmg	
Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)			
Jan		(Ki tig tit Womitous)		_	
Feb		1			
Mar			1	-	
April			1	-	
May				-1	
June				-1	
July					
Aug					
Sep				-	
Oct				-	
Nov	<del> </del>	*		-	
Dec	1			10	
Total	0			KOPHILS	Notion
CV-A Name (srint)	ALEJ TOIRSA	NIL Stgrature	So T	she has authority to bind to	ne operator.



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

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Operator		TO DIO IMPROPER OF	Natural r	Resources			v.2009-05-3	2.5
	CHARLES FATI	Ramule on	L	Tel.# 5	19-882Fax	(# 02	30	
Address	PROPERTIES L							This x
This form All injection	m only applies to fluid inj on wells must be reported and	ection for second	lary re	covery.				
Well Nan	ne KIDRNI 24 STAM O	ULST#16	Sour	ce Pool	IIIV =			]
Township	DEW NISICILLON	3 19-IF		ce Formation			000000000	
Lot 1	9 Concession 17			ion Fluid Type	8,	-		
Well Lice				ion Formation				
Well Stat	us - Mode Susport	r >>	Inject	ion Pool		100		1
	Permit No.							J
As of Do	c. 31 - active, suspended, aba	indoned, potential						70
Description	on of fluid treatment prior to	injection						
Month	Volume Injected (m³)	Average Daily Injection Press		Days on Injection	7			
		(kPag at wellhe	ead)					
lan		(kPag at wellhe	ead)		-			
200		(kPag at wellhe	ead)		1			
eb		(kPag at wellhe	ead)					
eb Mar		(kPag at weilhe	ead)					
eb Var April		(kPag at weilhe	ead)					
eb Mar April May		(kPag at wellhe	ead)					
Feb Mar April May June		(kPag at wellhe	ead)					
Feb Mar April May June		(kPag at weilhe	ead)					
Feb Mar April May June July		(kPag at weilhe	ead)					
eb Mar April May June July Aug		(kPag at wellhe	ead)					
Feb Mar April May June July Aug Sep Oct		(kPag at wellhe	ead)					
Jan Feb Mar April May June July Aug Sep Oct Nov		(kPag at wellhe	ead)					



## Annual Report of Monthly Injection

Form 6		To the Minister o	f Natural I	Resources	- 37	v.2009-05-31
Operato	OCHARLES FAIRES	mon on p	rop	Tel,# 519	-002 -Pax	# 0230
Address	12 0 .					
	rm only applies to fluid inj				ufficient attach a	dditional forms.
Well Na	ame MURNINGSTAN Z	245r AZ0		ce Pool 0/L		189
	nip EDINISICILLEN	2		ce Formation	1)	
Lot /				tion Fluid Type		D BRINS
Well Lic	cence No. To 1/109		-	tion Formation	Dum DE	8
	atus - Mode* 3 co 0 co	シピラ	inject	tion Pool		
	Permit No.					
As of D	ec. 31 - active, suspended, aba	andoned, potential				
Descrip	tion of fluid treatment prior to	o injection				
				-		
Month	Volume Injected (m³)	Average Daily Injection Pres (kPag at well)	sure	Days on Injection		
Jan		(m ag as roam	ioday		1	
Feb						
Mar					1	
April					-1	
May					7	
June				Los of the same	1	
July					1	
Aug						
Sep					1	
Oct			-1000			
Nov					1	
Dec					1	
Total	0				REPA	INS WEEDE
Cut A Name to hi La Company	NO MUREN	(	ture	d accurate and help	she has authority to	b bind the operator.
Date (deylin	13 14, 2.019					



## Annual Report of Monthly Injection

For the Year 20/8

Operator		To the Minister of	Natural R	esources	v.2009-05-3
	FAIREANNE OIL	PROPERTIES	S LTD	Tel.# 5 (6	1-882 Fax#0 230
Address					A, ONT MON IRO
This form	m only applies to fluid inj on wells must be reported and	ection for second all injection must be	lary rec reported	overy. If space is ins	sufficient attach additional forms.
	ne Mongins som		Sourc	e Pool	OIL SPRINSS
Township	ENNISILILLES	9-19/11	Sourc	e Formation	DUNDEE BRING
Lot 10	Concession	overski – Aust	Injecti	on Fluid Type	OIL FIELD BRING
Well Lice	nce No. +0/11/0				Dunder
Well Stat	us - Mode Susper	700	Injecti	on Pool	A CONTRACTOR OF THE CONTRACTOR
THE RESERVE AND ADDRESS OF	Permit No.	4 - 4 - 4 - 4 - 4			
As of De	c. 31 - active, suspended, aba	indoned, potential			
Description	on of fluid treatment prior to	injection	-		
-					
Month	Volume Injected (m³)	Average Daily Injection Press (kPag at wellhe		Days on Injection	
Jan					
Feb		1			7
Mar				_mudenner_	
April					
April May June					-
May June				-	
May June July					
May June July Aug					
May					
May June July Aug Sep					NEEDS WOOK OVER
May June July Aug Sep					NEED I WORK OVER



## Annual Report of Monthly Injection

All injection	m only applies to fluid injury wells must be reported and	ection for secondall injection must be r	ary recovery. eported. If space is in:	sufficient attach additional forms.
Well Nan	ne Much NGSIAN Was	TH22 3/19/0	Source Pool Ui	L SPRINGS
Township	EN IN TICILLEN	7 .	Source Formation	DUNDEE
	Concession IT		Injection Fluid Type	OIL FIELD BRING
Well Lice	nce No. Tuill 66		Injection Formation	Dunger
Well Stat	us - Mode Susper	CD.	Injection Pool	
Injection	Permit No.			
'As of Do	<ul> <li>c. 31 - active, suspended, aba</li> </ul>	indoned, potential		
Description	on of fluid treatment prior to	njection		
Month	Volume Injected (m³)	Average Daily Injection Pressu (kPag at wellhe		
Jan				
24515				$\dashv$
Feb				
Jan Feb Mar April				
Feb Mar April				
Feb Mar				
Feb Mar April May				
Feb Mar April May June				
Feb Mar April May June July				
Feb Mar April May June July Aug Sep				
Feb Mar April May June July Aug Sep Oct				
Feb Mar April May June				

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#### Annual Report of Monthly Injection

#### For the Year 2018 - up to and including March 31

Form 6.	To the Minister of Natural Res	ources and Forestry				w.
Operator	Duridee Oil and Go	as Limited	Tel#	519-433-7710	Fax#	519-433-
Address		Unit B. 1030 Adelaid	ie St S. London, C	n N6E 1R6		
	d injection for secondar recovery. ted and all injection must be reported. If space is	s insufficient attach additional for	ms .			
Well Name	Paragon e al No.20		Source Pool		Rochester	
Township	Rochester		Source Formati		Trenton	
Lot/ Concession	Lot 15, Cancession II		Injection Fluid T		GAS	
Well License No.	T008313		Injection Format		Trenton	
Well Status Mode*	Gas Injection		Injection Poo		Rochester	
Injection Permit No.			-			
'As of Dec. 31- active, susper	nded, abandoned, potential					
Description of fluid treatment pr	ior to injection					
Month	Volume injected (m3)	Average Daily Inject Pressure (kPag at well		Days on Injection	ĺ	
			nead)	20		
JAN	42.150	3206	_	31		
FEB	41.810	3021	_	28	1	
MAR	49,770	3016	-	31		
APRIL			-		1	
MAY			_		1	
JUNE			_			
JULY			_		-	
AUG			_		1	
SEP			_		1	
OCT					1	
NOV DOG					1	
DEC TOTAL	133.730		-	90		
					1	
the undersigned certifies that ti	he information provided herein is complete and a Bruce Stierley	accurate and hishe has authority	to bind the opera	Blily		
Name (print)		Signature		/		
Company	undee Oil and Gas Limited	Title		President.		
Solidaria		.100.				
	07-09-2018					
Date (day/month/year)			1700	THE CHAIN	Fine La	

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PETPOLEUM OPERATIONS MINISTER OF MOURAL DESOURCES AND PORESTRY

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## Annual Report of Monthly Injection

## For the Year 2018 - April 1 - December 31

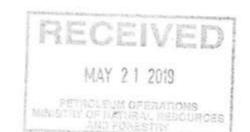
Well License No. T00	al No.20 ester recession II 313	1030 Adelaide St S, Lo n additional forms  Source Injection Inject		Rochester Trenton GAS Trenton Rochester	
This form only applies to fluid injection for secondar recovery.  All injection wells must be reported and all injection must be report  Well Name Paragon  Township Roch  Lot/ Concession Lot 15, Co  Well License No. TOO  Well Status- Mode* Gas in Injection Permit No.  *As of Dec. 31- active, suspended, abandoned, potential  Description of fluid treatment prior to injection	al No.20 ester recession II 313	Source Injection Inject	ce Pool Formation Fluid Type Formation	Trenton GAS Trenton	
All injection wells must be reported and all injection must be report  Well Name Paragon Township Roct Lot/ Concession Lot 15, Co Well License No. T00 Well Status- Mode* Gas In Injection Permit No. *As of Dec. 31- active, suspended, abandoned, potential Description of fluid treatment prior to injection	al No.20 ester ncession II 313 ection	Source Injection Injection Inject	Formation Fluid Type Formation	Trenton GAS Trenton	
Township Rock  Lot/ Concession Lot 15, Co  Well License No. Too  Well Status- Mode* Gas In  Injection Permit No.  *As of Dec. 31- active, suspended, abandoned, potential  Description of fluid treatment prior to injection	ester noession II 313 ection	Source Injection Injection Injecti	Formation Fluid Type Formation	Trenton GAS Trenton	
Lot/ Concession Lot 15, Co  Well License No. T00:  Well Status- Mode* Gas In Injection Permit No.  *As of Dec. 31- active, suspended, abandoned, potential  Description of fluid treatment prior to injection	ncession II 313 ection	Injection Injection Injecti	Fluid Type Formation	GAS Trenton	
Well Status- Mode* Gas In Injection Permit No.  *As of Dec. 31- active, suspended, abandoned, potential  Description of fluid treatment prior to injection	313 ection	Injection Inject	Formation	Trenton	
Well Status- Mode* Gas In Injection Permit No.  *As of Dec. 31- active, suspended, abandoned, potential Description of fluid treatment prior to injection	ection	Inject			
Injection Permit No. *As of Dec. 31- active, suspended, abandoned, potential  Description of fluid treatment prior to injection			ion Pool	Rochester	
*As of Dec. 31- active, suspended, abandoned, potential Description of fluid treatment prior to injection	I A				
Description of fluid treatment prior to injection	I A				
	I Av				
	I Av				
Month Volume Injected (m3)	I A				
Month Volume Injected (m3)	I A				
Month Volume Injected (m3)	A				
Month Volume Injected (m3)	A				
Month Volume Injected (m3)	A				
	Injer	verage Daily ction Pressure	Days on Injection		
		ag at wellhead)	injection		
Jan					
Feb					
Mar					
April 49,970		2943	30		
May 50,280		2879	31		
June 49,440		2976	30		
July 47,080		2822	31		
Aug 70,560		2996	31		
Sep 39,690		3027	30		
Oct 46,930		2924	31		
Nov 41,970		2914	30		
Dec 31,940	1 1	2616	A 31		
Total 427,860	The second second		275		



Date (day/month/year)

Oil, Gas and Salt Resources Act

# Annual Report of Monthly Injection



erty Oil & Gas Ltd.  McEwan St., Bothwell, O		2018 Resources	v.2009-05-3
McEura Ct. Bathwall O	perator: Liberty Oil & Gas Ltd.		1 Fax # 519-695-3852
MICEWAII St., Bothwell, O	N N0P 1C0		
	ection for secondary is all injection must be repo		nt attach additional forms.
PPC/Ram 31	So	urce Pool: Dover 7-5-V I	E (Dover East)
over	Soi	urce Formation: Ordovid	cian - Trenton & Black R.
Concession: IV E	Inje	ection Fluid Type: Forma	ation Water (Brine)
No.: T007802	Inje	ection Formation: Ordov	ician – Black River
Mode*: INJ - Active	Inje	ection Pool: Dover 7-5-V	' E (Dover East)
mit No.: 2007-1			
l - active, suspended, ab-	andoned, potential		
f fluid treatment prior to	injection		
irodinom prior to			
	-		
olume Injected (m³)	Injection Pressure	Days on Injection	
	(iii ag at nomicae)	6	
1.5		5	
9.5		6	
9		5	
		3	
		4	
2		6	
4.5		6	
		5	
		2	
		3	
	Concession: IV E No.: T007802 Mode*: INJ - Active nit No.: 2007-1 - active, suspended, about the fluid treatment prior to lume Injected (m³)  1.5 9.5	Concession: IV E Inje No.: T007802 Inje Mode*: INJ - Active Inje nit No.: 2007-1 - active, suspended, abandoned, potential  f fluid treatment prior to injection  Iume Injected (m³) Average Daily Injection Pressure (kPag at wellhead)  1.5 9.5	Source Formation: Ordovice Concession: IV E

Kerne .



# **Annual Report of Monthly Injection**



Address: PO Box 53, Bothwell, ON, NOP 1C0  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.  Mell Name: Bluewater True Fitzgerald Source Pool Plympton 5-19-VI  Township Plympton Source Formation Guelph  Lot 20 Concession VI Injection Fluid Type Brine  Mell Licence No. 5393 Injection Formation Guelph  Mell Status - Mode* SUSPENDED Injection Pool Plympton 5-19-VI  Injection Permit No. 5393  As of Dec. 31 - active, suspended, abandoned, potential  Description of fluid treatment prior to injection  NA  Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead)  Mar 0 NA 0  Mar 0 NA 0  Mar 0 NA 0  May 0 NA 0  M	orm 6 1		To the Minister of Na	atural Resource	es		v.2009-0
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: Bluewater True Fitzgerald Source Pool Plympton 5-19-VI Township Plympton Source Formation Guelph  Lot 20 Concession VI Injection Fluid Type Brine  Well Licence No. 5393 Injection Formation Guelph  Well Status - Mode* SUSPENDED Injection Pool Plympton 5-19-VI  Injection Permit No. 5393  As of Dec. 31 - active, suspended, abandoned, potential  Description of fluid treatment prior to injection  WA  Month Volume Injected (m³) Average Daily Injection Pressure (kPag at wellhead)	Operator	r : Pintail Production Inc.		Te	el. #	1-519-359-9804	Fax#
All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.  Mell Name: Bluewater True Fitzgerald  Councession VI  Fownship Plympton  Source Pool Plympton 5-19-VI  Fownship Plympton  Source Formation Guelph  Injection Fluid Type Brine  Nell Licence No. 5393  Injection Formation Guelph  Injection Pool Plympton 5-19-VI  Injection Permit No. 5393  As of Dec. 31 - active, suspended, abandoned, potential  Description of fluid treatment prior to injection  NA  Month Volume Injected (m³)  Average Daily Injection Pressure (kPag at wellhead)	Address	PO Box 53, Bothwell, ON, NO	P 1C0				
Source Formation   Guelph	This for All injection	rm only applies to fluid inj on wells must be reported and	ection for seconda all injection must be r	ary recover reported. If s	y. pace	is insufficient attach a	dditional forms.
Source Formation   Guelph	Vell Na	me: Bluewater True Fitzgera	ald	Source Po	ol	Plympton 5-19-VI	
Nell Licence No. 5393				Source For	mati	on Guelph	
Nell Status - Mode* SUSPENDED	Lot 20	Concession VI		Injection F	uid 7	ype Brine	
As of Dec. 31 - active, suspended, abandoned, potential	Well Lice	ence No. 5393		Injection Fo	orma	tion Guelph	
As of Dec. 31 - active, suspended, abandoned, potential	Nell Sta	tus - Mode* SUSPENDED		Injection P	loc	Plympton 5-19-VI	
As of Dec. 31 - active, suspended, abandoned, potential	njection	Permit No. 5393					
Month Volume Injected (m³)	As of D	ec. 31 - active, suspended, aba	andoned, potential				
Month Volume Injected (m³)		in a f f old to a to a start of a f	- tata akan				
Month Volume Injected (m³)		ion of fluid treatment prior to	njection		_		
Injection Pressure (kPag at wellhead)	NA				_		
Injection Pressure (kPag at wellhead)							
Idan         0         NA         0           Feb         0         NA         0           Mar         0         NA         0           April         0         NA         0           May         0         NA         0           June         0         NA         0           July         0         NA         0           Aug         0         NA         0           Sep         0         NA         0	Month	Volume Injected (m³)	Injection Pressu	ure Inje			
Mar         0         NA         0           April         0         NA         0           May         0         NA         0           June         0         NA         0           July         0         NA         0           Aug         0         NA         0           Sep         0         NA         0	Jan	0					
April 0 NA 0 May 0 NA 0 June 0 NA 0 July 0 NA 0 Aug 0 NA 0 Sep 0 NA 0	eb	0	NA	0			
April 0 NA 0 May 0 NA 0 June 0 NA 0 July 0 NA 0 Aug 0 NA 0 Sep 0 NA 0	Mar	0	NA	0			
May 0 NA 0 Iune 0 NA 0 Iuly 0 NA 0 Na 0 Sep 0 NA 0	April		NA	0			
lune 0 NA 0 luly 0 NA 0 Aug 0 NA 0 Sep 0 NA 0			NA NA	0			
July         0         NA         0           Aug         0         NA         0           Sep         0         NA         0			NA	0			
Aug 0 NA 0 Sep 0 NA 0		1702		0			
Sep 0 NA 0							
			1303333	155/5			
Oct   0   NA   0		0	NA	0			
	Vov	0	NA	0			
lov   0   NA   0	Dec	0	NA	0			
170	Total	0	NA	0			
	April May June July Aug Sep Oct	0 0 0 0 0 0	NA NA NA NA NA NA	0 0 0 0 0 0			
lov 0 NA 10			Telegram	1007/3			
170							
Dec 0 NA 0	otai	Ι υ	NA NA	0			
Dec 0 NA 0	The under	signed certifies that the information	provided herein is comp	plete and accu	rate a	nd he/she has authority t	o bind the operato
Dec 0 NA 0  Total 0 NA 0  The undersigned certifies that the information provided herein is complete and accurate and he/she has authority to bind the operator			_ 4	-	11	law !	
Dec 0 NA 0  Total 0 NA 0  The undersigned certifies that the information provided herein is complete and accurate and he/she has authority to bind the operator			Signatur	re /	0		
Dec 0 NA 0  Total 0 NA 0  The undersigned certifies that the information provided herein is complete and accurate and he/she has authority to bind the operator				JU NI	1 4		
Dec 0 NA 0  Total 0 NA 0  The undersigned certifies that the information provided herein is complete and accurate and he/she has authority to bind the operate ferry Marsh  Tame (print)  Signature  Owner.	Company		Title				



# Annual Report of Monthly Injection

For the Year 2018



Form 6	orm 6 To the Ministe		females on control	v 2009-05-3
Operator Roth and Roth Lim	ited	Tel. #	519 542 9221	Fax #NA
Address 1402 Lakeshore Ro	ad, Sarnia ON, N7S 2M1	jcowan@xtivity.com		

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.

Source Pool Brine Ponds - Sarnia and Moore Twps
Source Formation Salina B Salt, Guelph
Injection Fluid Type Cavern Brine, Production Fluids
Injection Formation Guelph
Injection Pool Wanstead

<sup>\*</sup> As of Dec. 31 - active, suspended, abandoned, potential

Description of fluid treatment prior to injection
Addition of oxygen scavenger, scale inhibitor, filtered water

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan	0.00		
Feb	0.00		
Mar	0.00		
April	0.00		
May	0.00		
June	0.00		
July	0.00		
Aug	0.00		
Sep	0.00		
Oct	0.00		
Nov	0.00		3-1112-1-
Dec	0.00		
Total	0.00		

The undersigned certifi	es that the information provided he	rein is complete and acc	curate and he/she has author	ity to bind the operator.
16100	F. COWAN	X	ZC-	_
Path and	Roth Like he d	Signature /	2055064	_
Company	1	Title		
23/05/	19 (FOR: 15	102/14)	)	
, ,	200			

			×



## Annual Report of **Monthly Injection**

For the Year

2018

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator	: TAQA North Ltd	Tel. # 519-878-1006	Fax # 519-472-7897
Address	21609 Kintyre Line, Rodney, ON, N0L 2C0		

#### 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 Various injection wells	Source Pool: Rodney pool, Glacial till		
Township: Aldborough	Source Formation: Columbus, Glacial till		
Lot 4, 5, & 6 Concession IV, V, & VI	Injection Fluid Type: Produced and fresh water		
Well Licence No.: Various	Injection Formation: Columbus		
Well Status - Mode*: Active	Injection Pool: Rodney Unit		
Injection Permit No. 19-1			

<sup>\*</sup> As of Dec. 31 - active, suspended, abandoned, potential

Month	Volume Injected (m³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection	
Jan	12220	up to 2900kPa	31	
Feb	10632	up to 2900kPa	28	
Mar	11592	up to 2900kPa	31	
April	11651	up to 2900kPa	30	
May	12988	up to 2900kPa	31	
June	11184	up to 2900kPa	30	
July	11907	up to 2900kPa	31	
Aug	11873	up to 2900kPa	31	
Sep	12497	up to 2900kPa	30	
Oct	12918	up to 2900kPa	31	
Nov	11929	up to 2900kPa	30	
Dec	11512	up to 2900kPa	31	
Total	142903		365	

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

Jim McIntosh

Jim McIntosh

Name (print)

TAQA North Ltd

Company

15/02/2019

Date (day/month/year)

Signature

Ontario Consulting Engineer

Title



FEB 04 2019

PETROLEUM OPERATIONS MINISTRY OF NATURAL RESOURCES AND FORESTRY