

STATE OF NEVADA
DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
 (702) 885-5050

Original—Department
 Duplicate—Bureau

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JAN 31 2000

REPORT OF SUBSURFACE INJECTIONS Div. of Minerals

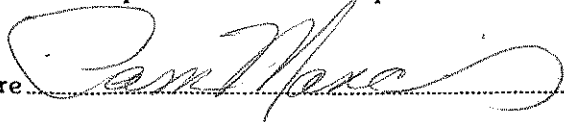
Producer Makoil, Inc. Month of December, 1999
500 N. Rainbow Blvd., #300
 Address Las Vegas, NV 89107

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

| Field and lease name | Well No. | Fluids injected | | Injection pressure | Reservoir formation | Reservoir depth |
|----------------------|----------|-----------------|-------------|--------------------|---------------------|-----------------|
| | | Gas or other | MCF or Bbl. | | | |
| Grant Canyon | 1-21 | | 34,303 | 140 psi | Guilmette | 4374'-4426' |

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature 
 Position Bookkeeper
 Date 21 Jan., 2000 ~~XIX~~

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DEC 29 1999

REPORT OF SUBSURFACE INJECTIONS Div. of Minerals

Producer Makoil, Inc. Month of NOVEMBER, 1999
500 N. Rainbow Blvd., #300
 Address Las Vegas, NV 89107

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

| Field and lease name | Well No. | Fluids Injected | | Injection pressure | Reservoir formation | Reservoir depth |
|----------------------|----------|-----------------|-------------|--------------------|---------------------|-----------------|
| | | Gas or other | MCF or Bbl. | | | |
| Grant Canyon | 1-21 | | 34,473 | 140 psi | Guilmette | 4374'-4426' |

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature *Tom Mares*
 Position Bookkeeper
 Date 20 DEC., 1999

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 DEPARTMENT OF MINERALS
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NOV 29 1999

Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer Makoil, Inc. Month of October, 1999
500 N. Rainbow Blvd., #300
 Address Las Vegas, NV 89107

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

| Field and lease name | Well No. | Fluids injected | | Injection pressure | Reservoir formation | Reservoir depth |
|----------------------|----------|-----------------|-------------|--------------------|---------------------|-----------------|
| | | Gas or other | MCF or Bbl. | | | |
| Grant Canyon | 1-21 | | 34,879 | 140 psi | Guilmette | 4374'-4426' |

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature *[Handwritten Signature]*

Position Bookkeeper

Date 15 Nov., 1999

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DEPARTMENT OF MINERALS
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REPORT OF SUBSURFACE INJECTIONS

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Producer Makoil, Inc.
500 N. Rainbow Blvd., #300
 Address Las Vegas, NV 89107

Month of September, 1999

NOV 02 1999

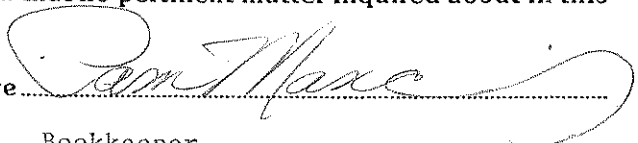
Div. of Minerals

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| Field and lease name | Well No. | Fluids injected | | Injection pressure | Reservoir formation | Reservoir depth |
|----------------------|----------|-----------------|-------------|--------------------|---------------------|-----------------|
| | | Gas or other | MCF or Bbl. | | | |
| Grant Canyon | 1-21 | | 33607 | 140 psi | Guilmette | 4374'-4426' |

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature 
 Position Bookkeeper
 Date 25 Oct., 1999

STATE OF NEVADA
DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
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SEP 30 1999

REPORT OF SUBSURFACE INJECTIONS Div. of Minerals

Producer Makoil, Inc. Month of August, 1999
500 N. Rainbow Blvd., #300
 Address Las Vegas, NV 89107

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

| Field and lease name | Well No. | Fluids injected | | Injection pressure | Reservoir formation | Reservoir depth |
|----------------------|----------|-----------------|-------------|--------------------|---------------------|-----------------|
| | | Gas or other | MCF or Bbl. | | | |
| Grant Canyon | 1-21 | | 34,658 | 125 psi | Guilmette | 4374'-4426' |

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature

Position Bookkeeper

Date 20 Sep, 19 99

STATE OF NEVADA
DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
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AUG 25 1999

Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

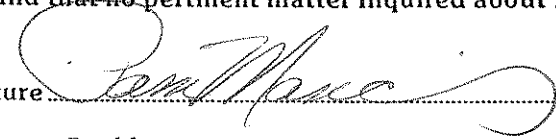
Producer Makoil, Inc. Month of July, 19 99
500 N. Rainbow Blvd., #300
 Address Las Vegas, NV 89107

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

| Field and lease name | Well No. | Fluids injected | | Injection pressure | Reservoir formation | Reservoir depth |
|----------------------|----------|-----------------|-------------|--------------------|---------------------|-----------------|
| | | Gas or other | MCF or Bbl. | | | |
| Grant Canyon | 1-21 | | 35,167 | 125 psi | Guilmette | 4374'-4426' |

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature 
 Position Bookkeeper
 Date 13 Aug., 19 99

STATE OF NEVADA
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 400 W. King Street, Suite 106
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JUL 28 1999

REPORT OF SUBSURFACE INJECTIONS Div. of Minerals

Producer Makoil, Inc. Month of June, 1999
500 N. Rainbow Blvd., #300
 Address Las Vegas, NV 89107

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

| Field and lease name | Well No. | Fluids injected | | Injection pressure | Reservoir formation | Reservoir depth |
|----------------------|----------|-----------------|-------------|--------------------|---------------------|-----------------|
| | | Gas or other | MCF or Bbl. | | | |
| Grant Canyon | 1-21 | | 33,107 | 136 psi | Guilmette | 4374'-4426' |

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature *Tom Mac*
 Position Bookkeeper
 Date 19-Jul, 1999

STATE OF NEVADA
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 400 W. King Street, Suite 106
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JUN 29 1999

REPORT OF SUBSURFACE INJECTIONS

Div. of Minerals


Producer Makoil, Inc. Month of May, 1999
500 N. Rainbow Blvd., #300
 Address Las Vegas, NV 89107

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

| Field and lease name | Well No. | Fluids injected | | Injection pressure | Reservoir formation | Reservoir depth |
|----------------------|----------|-----------------|-------------|--------------------|---------------------|-----------------|
| | | Gas or other | MCF or Bbl. | | | |
| Grant Canyon | 1-21 | | 32,736 | 123 psi | Guilmette | 4374'-4426' |

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature 
 Position Bookkeeper
 Date 21 June, 1999

STATE OF NEVADA
DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
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MAY 26 1999

REPORT OF SUBSURFACE INJECTIONS Div. of Minerals

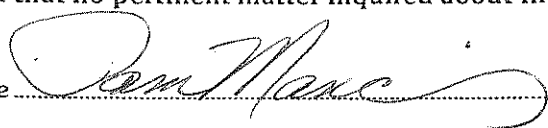
Producer Makoil, Inc. Month of April, 1999
500 N. Rainbow Blvd., #300
 Address Las Vegas, NV 89107

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

| Field and lease name | Well No. | Fluids Injected | | Injection pressure | Reservoir formation | Reservoir depth |
|----------------------|----------|-----------------|-------------|--------------------|---------------------|-----------------|
| | | Gas or other | MCF or Bbl. | | | |
| Grant Canyon | 1-21 | | 31,631 | 120 psi | Guilmette | 4374'-4426' |

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature 
 Position Bookkeeper
 Date 20 - May, 1999

STATE OF NEVADA
DEPARTMENT OF MINERALS
 400 W. King Street, Suite 106
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APR 29 1999

Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

Producer Makoil, Inc. Month of March, 1999
500 N. Rainbow Blvd., #300
 Address Las Vegas, NV 89107

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

| Field and lease name | Well No. | Fluids injected | | Injection pressure | Reservoir formation | Reservoir depth |
|----------------------|----------|-----------------|-------------|--------------------|---------------------|-----------------|
| | | Gas or other | MCF or Bbl. | | | |
| Grant Canyon | 1-21 | | 32,365 | 120 psi | Guilmette | 4374'-4426' |

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature *Tom Maxe*
 Position Bookkeeper
 Date 20 Apr, 1999

STATE OF NEVADA
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 400 W. King Street, Suite 106
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 Div. of Minerals

REPORT OF SUBSURFACE INJECTIONS

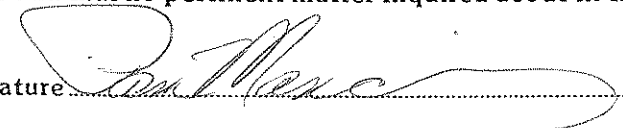
Producer Makoil, Inc. Month of February, 1999
500 N. Rainbow Blvd., #300
 Address Las Vegas, NV 89107

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

| Field and lease name | Well No. | Fluids injected | | Injection pressure | Reservoir formation | Reservoir depth |
|----------------------|----------|-----------------|-------------|--------------------|---------------------|-----------------|
| | | Gas or other | MCF or Bbl. | | | |
| Grant Canyon | 1-21 | | 28,989 | 120 psi | Guilmette | 4374'-4426' |

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature 
 Position Bookkeeper
 Date 25 Mar, 1999

STATE OF NEVADA
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 400 W. King Street, Suite 106
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FEB 25 1999

REPORT OF SUBSURFACE INJECTIONS Div. of Minerals

Producer Makoil, Inc. Month of JANUARY, 1999
500 N. Rainbow Blvd., #300
 Address Las Vegas, NV 89107

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

| Field and lease name | Well No. | Fluids injected | | Injection pressure | Reservoir formation | Reservoir depth |
|----------------------|----------|-----------------|-------------|--------------------|---------------------|-----------------|
| | | Gas or other | MCF or Bbl. | | | |
| Grant Canyon | 1-21 | | 31973 | 120 psi | Guilmette | 4374'-4426' |

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature Alexandra Novak
 Position Bookkeeper - Senior Accountant
 Date FEBRUARY 23, 1999