

State of Nevada
 Department of Minerals
 400 W. King Street, Suite 106
 Carson City, Nevada 89703
 Telephone (702) 687-5050

RECEIVED

JAN 31 2001

PRODUCER'S MONTHLY REPORT

Div. of Minerals

This report to be filed by the end of the month following the month herein reported.

Company: MAKOIL, INC.

Address: 500 N. Rainbow Blvd., Suite 300
Las Vegas, NV 89107

Lease: _____ Pool: Curreant County: Nye Month of: December ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
Curreant # 1	241	26	10N	57E	6.07	45.77	25	0	0			2	POW
TOTALS					6.07	45.77		0					

Report distillate, condensate or other liquid hydrocarbons (other than oil) in this column preceded by an asterisk().

**Method of determining water production: Shake out _____ Estimate _____ Draw off _____

(The following report is on a lease basis.)

No. of Wells	Total amount of oil on lease at beginning of month	Actual oil Produced	Bbls to Pipeline	Disposition of Oil Bbls to Truck or R.R.	Name of Transporter	Total amount of oil on lease	Total amt. Lease Tank Capacity
	DILUENT	2		33.3			
1	101	6.07		45.77		30	

GAS

MCF used on lease	<u>0</u>	Used for Gas Lift
MCF sold	_____	_____ MCF used on lease.
MCF blown to air (difference)	_____	_____ MCF used on _____ lease.
Gas Purchaser	_____	_____ MCF used on _____ lease.

SUMMARY

Barrels of oil produced and marketed during month	_____	45.77
Tax at \$0.10 per barrel	_____	<u>\$4.58</u>
MCF Gas produced and marketed during month	_____	0.00
Tax at \$0.10 per barrel	_____	<u>\$0.00</u>
Total tax monies remitted herewith to Department of Minerals	_____	\$ <u>4.58</u>

Remarks:

I hereby certify that the information given herewith is true, correct and complete.

Name:


Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date:

19-Jan , 2001

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance. Last copy for your file.

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 Department of Minerals
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 Telephone (702) 687-5050

RECEIVED

JAN 02 2001

PRODUCER'S MONTHLY REPORT

Div. of Minerals

This report to be filed by the end of the month following the month herein reported.

Company: MAKOIL, INC.

Address: 500 N. Rainbow Blvd., Suite 300
Las Vegas, NV 89107

Lease: _____ Pool: Currant County: Nye Month of: November, 2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec.	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
Currant # 1	241	26	10N	57E	6.00	0.00	25	0	0			3	POW
TOTALS					6.00	0.00		0					

Report distillate, condensate or other liquid hydrocarbons (other than oil) in this column preceded by an asterisk().

**Method of determining water production: Shake out _____ Estimate _____ Draw off _____

(The following report is on a lease basis.)

No. of Wells	Total amount of oil on lease at beginning of month	Actual oil Produced	Disposition of Oil			Total amount of oil on lease	Total amt. Lease Tank Capacity
			Bbls to Pipeline	Bbls to Truck or R.R.	Name of Transporter		
1	DILUENT 84	11 6		0 0		101	

GAS

MCF used on lease 0
MCF sold _____
MCF blown to air (difference) _____
Gas Purchaser _____

Used for Gas Lift
_____ MCF used on lease.
_____ MCF used on _____ lease.
_____ MCF used on _____ lease.

SUMMARY

Barrels of oil produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00

Total tax monies remitted herewith to Department of Minerals _____ \$ -

Remarks:

I hereby certify that the information given herewith is true, correct and complete.

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 20-Dec , 2000

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance. Last copy for your file.

State of Nevada
 Department of Minerals
 400 W. King Street, Suite 106
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 Telephone (702) 687-5050

RECEIVED
 NOV 29 2000
 Div. of Minerals

PRODUCER'S MONTHLY REPORT

This report to be filed by the end of the month following the month herein reported.

Company: **MAKOIL, INC.**

Address: **500 N. Rainbow Blvd., Suite 300
 Las Vegas, NV 89107**

Lease: Pool: Currant County: Nye Month of: October ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
Currant # 1	241	26	10N	57E	16.00	0.00	25	0	0			4	POW
TOTALS					16.00	0.00		0					

Report distillate, condensate or other liquid hydrocarbons (other than oil) in this column preceded by an asterisk().

**Method of determining water production: Shake out _____ Estimate _____ Draw off _____

(The following report is on a lease basis.)

No. of Wells	Total amount of oil on lease at beginning of month	Actual oil Produced	Disposition of Oil			Total amount of oil on lease	Total amt. Lease Tank Capacity
			Bbls to Pipeline	Bbls to Truck or R.R.	Name of Transporter		
1	DILUENT 52	16 16		0 0		84	

GAS

MCF used on lease 0
MCF sold _____
MCF blown to air (difference) _____
Gas Purchaser _____

Used for Gas Lift
_____ MCF used on lease.
_____ MCF used on _____ lease.
_____ MCF used on _____ lease.

SUMMARY

Barrels of oil produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00

Total tax monies remitted herewith to Department of Minerals _____ \$ -

Remarks:

I hereby certify that the information given herewith is true, correct and complete.

Name: _____

Pam Mancewicz
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 20-Nov, 2000

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance. Last copy for your file.

State of Nevada
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 Telephone (702) 687-5050

RECEIVED

OCT 31 2000

Div. of Minerals

PRODUCER'S MONTHLY REPORT

This report to be filed by the end of the month following the month herein reported.

Company: **MAKOIL, INC.**

Address: 500 N. Rainbow Blvd., Suite 300
Las Vegas, NV 89107

Lease: _____ Pool: Curreant County: Nye Month of: September ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
Curreant # 1	241	26	10N	57E	9.22	9.41	25	0	0			4	POW
TOTALS					9.22	9.41		0					

Report distillate, condensate or other liquid hydrocarbons (other than oil) in this column preceded by an asterisk().

**Method of determining water production: Shake out _____ Estimate _____ Draw off _____

(The following report is on a lease basis.)

No. of Wells	Total amount of oil on lease at beginning of month	Actual oil Produced	Disposition of Oil			Total amount of oil on lease	Total amt. Lease Tank Capacity
			Bbls to Pipeline	Bbls to Truck or R.R.	Name of Transporter		
1	DILUENT 114	19 9.22		80.81 9.41		52	

GAS

MCF used on lease 0
MCF sold _____
MCF blown to air (difference) _____
Gas Purchaser _____

Used for Gas Lift
_____ MCF used on lease.
_____ MCF used on _____ lease.
_____ MCF used on _____ lease.

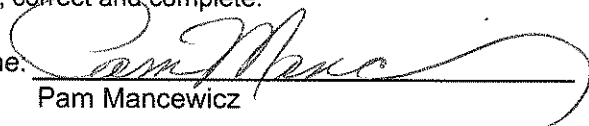
SUMMARY

Barrels of oil produced and marketed during month _____ 9.41
Tax at \$0.10 per barrel _____ \$0.94
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00

Total tax monies remitted herewith to Department of Minerals _____ \$ 0.94

Remarks:

I hereby certify that the information given herewith is true, correct and complete.

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 23-Oct, 2000

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance. Last copy for your file.

State of Nevada
 Department of Minerals
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 Telephone (702) 687-5050

RECEIVED

OCT 04 2000

PRODUCER'S MONTHLY REPORT **Div. of Minerals**

This report to be filed by the end of the month following the month herein reported.

Company: **MAKOIL, INC.**

Address: **500 N. Rainbow Blvd., Suite 300
 Las Vegas, NV 89107**

Lease: Pool: Currant County: Nye Month of: August ,2000

Location					Oil and Water (BBL.S.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
Currant # 1	241	26	10N	57E	14.00	0.00	29	0	0			5	POW
TOTALS					14.00	0.00		0					

Report distillate, condensate or other liquid hydrocarbons (other than oil) in this column preceded by an asterisk().
 **Method of determining water production: Shake out _____ Estimate _____ Draw off _____

(The following report is on a lease basis.)

No. of Wells	Total amount of oil on lease at beginning of month	Actual oil Produced	Disposition of Oil			Total amount of oil on lease	Total amt. Lease Tank Capacity
			Bbls to Pipeline	Bbls to Truck or R.R.	Name of Transporter		
1	DILUENT ADDED 76	24 14		0		114	

GAS

MCF used on lease 0
 MCF sold _____
 MCF blown to air (difference) _____
 Gas Purchaser _____

Used for Gas Lift
 _____ MCF used on lease.
 _____ MCF used on _____ lease.
 _____ MCF used on _____ lease.

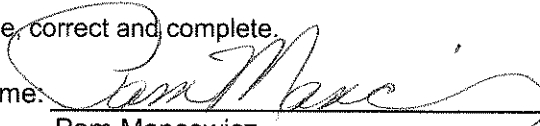
SUMMARY

Barrels of oil produced and marketed during month _____ 0.00
 Tax at \$0.10 per barrel _____ \$0.00
 MCF Gas produced and marketed during month _____ 0.00
 Tax at \$0.10 per barrel _____ \$0.00

Total tax monies remitted herewith to Department of Minerals _____ \$ -

Remarks:

I hereby certify that the information given herewith is true, correct and complete.

Name: 
 Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 20-Sep, 2000

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance. Last copy for your file.

State of Nevada
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RECEIVED

AUG 31 2000

PRODUCER'S MONTHLY REPORT

Div. of Minerals

This report to be filed by the end of the month following the month herein reported.

Company: MAKOIL, INC.

Address: 500 N. Rainbow Blvd., Suite 300
Las Vegas, NV 89107

Lease: _____ Pool: Currant County: Nye Month of: July, 2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
Currant # 1	241	26	10N	57E	4.00	0.00	29	0	0			1	POW
TOTALS					4.00	0.00		0					

Report distillate, condensate or other liquid hydrocarbons (other than oil) in this column preceded by an asterisk().

**Method of determining water production: Shake out _____ Estimate _____ Draw off _____

(The following report is on a lease basis.)

No. of Wells	Total amount of oil on lease at beginning of month	Actual oil Produced	Disposition of Oil			Total amount of oil on lease	Total amt. Lease Tank Capacity
			Bbls to Pipeline	Bbls to Truck or R.R.	Name of Transporter		
1	DILUENT ADDED 33	39 4		0		76	

GAS

MCF used on lease 0
MCF sold _____
MCF blown to air (difference) _____
Gas Purchaser _____

Used for Gas Lift
_____ MCF used on lease.
_____ MCF used on _____ lease.
_____ MCF used on _____ lease.

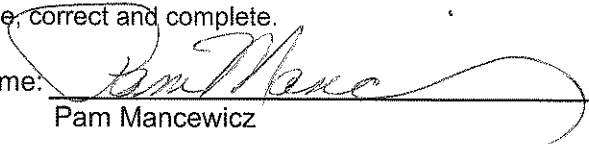
SUMMARY

Barrels of oil produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00

Total tax monies remitted herewith to Department of Minerals _____ \$ -

Remarks:

I hereby certify that the information given herewith is true, correct and complete.

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 25-Aug , 2000

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance. Last copy for your file.

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RECEIVED
 JUL 31 2000
 Div. of Minerals

PRODUCER'S MONTHLY REPORT

This report to be filed by the end of the month following the month herein reported.

Company: MAKOIL, INC.

Address: 500 N. Rainbow Blvd., Suite 300
Las Vegas, NV 89107

Lease: _____ Pool: Currant County: Nye Month of: June, 2000

Location					Oil and Water (BBL.S.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
Currant # 1	241	26	10N	57E	0.00	0.00	29	0	0			0	DOWN-MECH
TOTALS					0.00	0.00		0					

Report distillate, condensate or other liquid hydrocarbons (other than oil) in this column preceded by an asterisk().

**Method of determining water production: Shake out _____ Estimate _____ Draw off _____

(The following report is on a lease basis.)

No. of Wells	Total amount of oil on lease at beginning of month	Actual oil Produced	Disposition of Oil			Total amount of oil on lease	Total amt. Lease Tank Capacity
			Bbbs to Pipeline	Bbbs to Truck or R.R.	Name of Transporter		
1	DILUENT ADDED 33	0		0		33	

GAS

MCF used on lease 0
MCF sold _____
MCF blown to air (difference) _____
Gas Purchaser _____

Used for Gas Lift
_____ MCF used on lease.
_____ MCF used on _____ lease.
_____ MCF used on _____ lease.

SUMMARY

Barrels of oil produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00

Total tax monies remitted herewith to Department of Minerals _____ \$ _____

Remarks:

I hereby certify that the information given herewith is true, correct and complete.

Name: *Pam Mancewicz*
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 25-Jul, 2000

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance. Last copy for your file.

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JUL 05 2000

Div. of Minerals

PRODUCER'S MONTHLY REPORT

This report to be filed by the end of the month following the month herein reported.

Company: MAKOIL, INC.

Address: 500 N. Rainbow Blvd., Suite 300
Las Vegas, NV 89107

Lease: _____ Pool: Currant County: Nye Month of: May ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
Currant # 1	241	26	10N	57E	0.00	0.00	29	0	0			0	DOWN-MECH
TOTALS					0.00	0.00		0					

Report distillate, condensate or other liquid hydrocarbons (other than oil) in this column preceded by an asterisk().

**Method of determining water production: Shake out _____ Estimate _____ Draw off _____

(The following report is on a lease basis.)

No. of Wells	Total amount of oil on lease at beginning of month	Actual oil Produced	Disposition of Oil			Total amount of oil on lease	Total amt. Lease Tank Capacity
			Bbls to Pipeline	Bbls to Truck or R.R.	Name of Transporter		
1	DILUENT ADDED 33	0		0		33	

GAS

MCF used on lease 0
MCF sold _____
MCF blown to air (difference) _____
Gas Purchaser _____

Used for Gas Lift
_____ MCF used on lease.
_____ MCF used on _____ lease.
_____ MCF used on _____ lease.

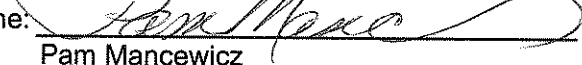
SUMMARY

Barrels of oil produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00

Total tax monies remitted herewith to Department of Minerals _____ \$ -

Remarks:

I hereby certify that the information given herewith is true, correct and complete.

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 27-Jun , 2000

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance. Last copy for your file.

State of Nevada
 Department of Minerals
 400 W. King Street, Suite 106
 Carson City, Nevada 89703
 Telephone (702) 687-5050

RECEIVED

MAY 30 2000

Div. of Minerals

PRODUCER'S MONTHLY REPORT

This report to be filed by the end of the month following the month herein reported.

Company: MAKOIL, INC.

Address: 500 N. Rainbow Blvd., Suite 300
Las Vegas, NV 89107

Lease: _____ Pool: Currant County: Nye Month of: April ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
Currant # 1	241	26	10N	57E	0.00	0.00	29	0	0			0	DOWN-MECH
TOTALS					0.00	0.00		0					

Report distillate, condensate or other liquid hydrocarbons (other than oil) in this column preceded by an asterisk().

**Method of determining water production: Shake out _____ Estimate _____ Draw off _____

(The following report is on a lease basis.)

No. of Wells	Total amount of oil on lease at beginning of month	Actual oil Produced	Disposition of Oil			Total amount of oil on lease	Total amt. Lease Tank Capacity
			Bbbs to Pipeline	Bbbs to Truck or R.R.	Name of Transporter		
1	DILUENT ADDED 33	0		0		33	

GAS

MCF used on lease 0
MCF sold _____
MCF blown to air (difference) _____
Gas Purchaser _____

Used for Gas Lift
_____ MCF used on lease.
_____ MCF used on _____ lease.
_____ MCF used on _____ lease.

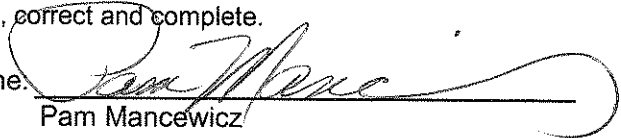
SUMMARY

Barrels of oil produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00

Total tax monies remitted herewith to Department of Minerals _____ \$ -

Remarks:

I hereby certify that the information given herewith is true, correct and complete.

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 22-May, 2000

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance. Last copy for your file.

State of Nevada
 Department of Minerals
 400 W. King Street, Suite 106
 Carson City, Nevada 89703
 Telephone (702) 687-5050

RECEIVED

MAY 01 2000

Div. of Minerals

PRODUCER'S MONTHLY REPORT

This report to be filed by the end of the month following the month herein reported.

Company: MAKOIL, INC.

Address: 500 N. Rainbow Blvd., Suite 300
Las Vegas, NV 89107

Lease: _____ Pool: Currant County: Nye Month of: March, 2000

Location					Oil and Water (BBL.S.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
Currant # 1	241	26	10N	57E	0.00	0.00	29	0	0			0	DOWN-MECH
TOTALS					0.00	0.00		0					

Report distillate, condensate or other liquid hydrocarbons (other than oil) in this column preceded by an asterisk().

**Method of determining water production: Shake out _____ Estimate _____ Draw off _____

(The following report is on a lease basis.)

No. of Wells	Total amount of oil on lease at beginning of month	Actual oil Produced	Disposition of Oil			Total amount of oil on lease	Total amt. Lease Tank Capacity
			Bbbs to Pipeline	Bbbs to Truck or R.R.	Name of Transporter		
1	DILUENT ADDED 33	0		0		33	

GAS

MCF used on lease 0
 MCF sold _____
 MCF blown to air (difference) _____
 Gas Purchaser _____

Used for Gas Lift
 _____ MCF used on lease.
 _____ MCF used on _____ lease.
 _____ MCF used on _____ lease.

SUMMARY

Barrels of oil produced and marketed during month _____ 0.00
 Tax at \$0.10 per barrel _____ \$0.00
 MCF Gas produced and marketed during month _____ 0.00
 Tax at \$0.10 per barrel _____ \$0.00

Total tax monies remitted herewith to Department of Minerals _____ \$ -

Remarks:

I hereby certify that the information given herewith is true, correct and complete.

Name: 
 Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 20-Apr , 2000

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance. Last copy for your file.

State of Nevada
 Department of Minerals
 400 W. King Street, Suite 106
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 Telephone (702) 687-5050

RECEIVED

APR 03 2000

Div. of Minerals

PRODUCER'S MONTHLY REPORT

This report to be filed by the end of the month following the month herein reported.

Company: MAKOIL, INC.

Address: 500 N. Rainbow Blvd., Suite 300
Las Vegas, NV 89107

Lease: _____ Pool: Curreant County: Nye Month of: February ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
Curreant # 1	241	26	10N	57E	0.00	0.00	29	0	0			0	DOWN-MECH
TOTALS					0.00	0.00		0					

Report distillate, condensate or other liquid hydrocarbons (other than oil) in this column preceded by an asterisk().

**Method of determining water production: Shake out _____ Estimate _____ Draw off _____

(The following report is on a lease basis.)

No. of Wells	Total amount of oil on lease at beginning of month	Actual oil Produced	Disposition of Oil			Total amount of oil on lease	Total amt. Lease Tank Capacity
			Bbls to Pipeline	Bbls to Truck or R.R.	Name of Transporter		
1	DILUENT ADDED 33	0		0		33	

GAS

MCF used on lease 0
MCF sold _____
MCF blown to air (difference) _____
Gas Purchaser _____

Used for Gas Lift
_____ MCF used on lease.
_____ MCF used on _____ lease.
_____ MCF used on _____ lease.

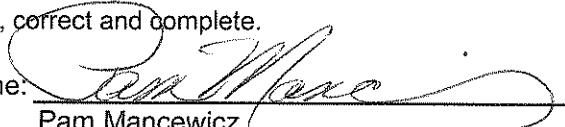
SUMMARY

Barrels of oil produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00

Total tax monies remitted herewith to Department of Minerals _____ \$ -

Remarks:

I hereby certify that the information given herewith is true, correct and complete.

Name: 
Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 24-Mar, 2000

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance. Last copy for your file.

State of Nevada
 Department of Minerals
 400 W. King Street, Suite 106
 Carson City, Nevada 89703
 Telephone (702) 687-5050

RECEIVED

FEB 28 2000

PRODUCER'S MONTHLY REPORT

Div. of Minerals

This report to be filed by the end of the month following the month herein reported.

Company: MAKOIL, INC.

Address: 500 N. Rainbow Blvd., Suite 300
Las Vegas, NV 89107

Lease: _____ Pool: Currant County: Nye Month of: January, 2000

Location					Oil and Water (BBL.S.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
Currant # 1	241	26	10N	57E	0.00	0.00	29	0	0			0	DOWN-MECH
TOTALS					0.00	0.00		0					

Report distillate, condensate or other liquid hydrocarbons (other than oil) in this column preceded by an asterisk().

**Method of determining water production: Shake out _____ Estimate _____ Draw off _____

(The following report is on a lease basis.)

No. of Wells	Total amount of oil on lease at beginning of month	Actual oil Produced	Disposition of Oil			Total amount of oil on lease	Total amt. Lease Tank Capacity
			Bbls to Pipeline	Bbls to Truck or R.R.	Name of Transporter		
1	DILUENT ADDED 33	0		0		33	

GAS

MCF used on lease 0
MCF sold _____
MCF blown to air (difference) _____
Gas Purchaser _____

Used for Gas Lift
_____ MCF used on lease.
_____ MCF used on _____ lease.
_____ MCF used on _____ lease.

SUMMARY

Barrels of oil produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00

Total tax monies remitted herewith to Department of Minerals _____ \$ -

Remarks:

I hereby certify that the information given herewith is true, correct and complete.

Name: 
Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 24-Feb, 2000

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance. Last copy for your file.