

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

RECEIVED

JAN 30 2002

PRODUCER'S MONTHLY REPORT

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

Company: MAKOIL, INC.

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

Lease: _____ Pool: Currant County: Nye Month of: December, 2001

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	1.00	0.00	29	0	0			1	POW
TOTALS					1.00	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 27	0 1		0 0		28	

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.

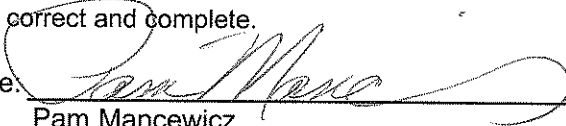
SUMMARY

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: 24-Jan, 2002

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

DEC 31 2001

PRODUCER'S MONTHLY REPORT

Division 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 ,2001

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	1.00	0.00	29	0	0			1	POW
TOTALS					1.00	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 25	1 1		0 0		27	

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 , 2001

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

NOV 29 2001

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 ,2001

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	1.00	0.00	29	0	0			1	POW
TOTALS					1.00	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 23	1 1		0 0		25	

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.

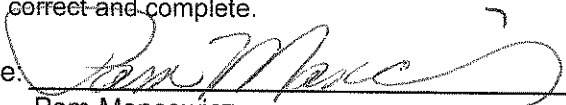
SUMMARY

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-Nov , 2001

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

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PRODUCER'S MONTHLY REPORT

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

RECEIVED

OCT 30 2001

DIV. OF MINERALS

Company: **MAKOIL, INC.**

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

Lease: _____ Pool: Currant County: Nye Month of: September, 2001

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	0.68	35.68	29	0	0			1	POW
TOTALS					0.68	35.68		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 87	10 0.68		39 35.68		23	

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.

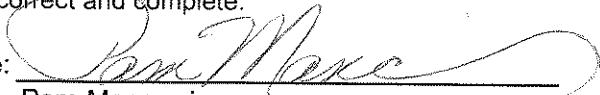
SUMMARY

Barrels of oil produced and marketed during month _____ 35.68
Tax at \$0.10 per barrel _____ \$3.57
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 _____ \$ 3.57

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-Oct, 2001

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 01 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: August ,2001

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	3.00	0.00	29	0	0			1	POW
TOTALS					3.00	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 81	3 3		0		87	

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.

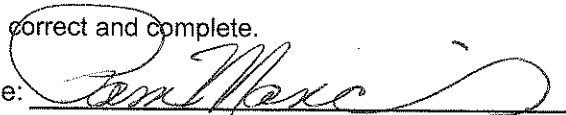
SUMMARY

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, 2001

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

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AUG 30 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: July ,2001

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	5.00	0.00	29	0	0			1	POW
TOTALS					5.00	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 72	4 5		0		81	

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-Aug, 2001

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

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JUL 30 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: June ,2001

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	2.00	0.00	29	0	0			1	POW
TOTALS					2.00	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 68	2 2		0		72	

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-Jul, 2001

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

JUN 28 2001

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 ,2001

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	29	0	0			1	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 ADDED 58	4 6		0		68	

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.

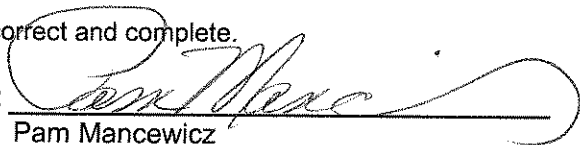
SUMMARY

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-Jun, 2001

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

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JUN 01 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: April, 2001

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	3.00	0.00	29	0	0			1	POW
TOTALS					3.00	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 50	5 3		0		58	

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.

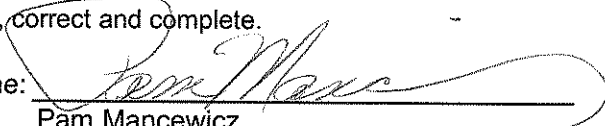
SUMMARY

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: 21-May, 2001

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 30 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: March, 2001

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	5.00	0.00	29	0	0			1	POW
TOTALS					5.00	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 39	6 5		0		50	

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-Apr , 2001

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

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 Telephone (702) 687-5050

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APR 02 2001

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: February, 2001

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	25	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 Bbbs to Pipeline	Bbbs to Truck or R.R.	Name of Transporter	Total amount of oil on lease	Total amt. Lease Tank Capacity
1	DILUENT 31	4		0		39	

GAS

MCF used on lease 0 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 _____ 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: 23-Mar , 2001

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 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: January ,2001

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	1.00	0.00	25	0	0			1	POW
TOTALS					1.00	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 30	0 1		0 0		31	

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.

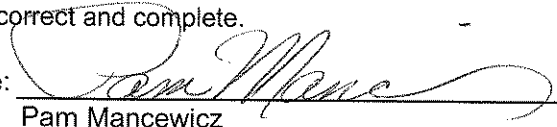
SUMMARY

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-Feb , 2001

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