

State of Nevada
 Department of Minerals
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
 Telephone (702) 687-5050

RECEIVED

FEB 02 1998

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: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: December ,1997

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		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1468.14	1470.74	25	16187	0			31	POW
TOTALS					1468.14	1470.74		16187					

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
			Bbils to Pipeline	Bbils to Truck or R.R.	Name of Transporter		
1	337.3	1468.14	1470.74		IMTN, Crysen Petro Source	334.7	

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 _____ 1,470.74
Tax at \$0.05 per barrel _____ \$ 73.54
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 73.54

Remarks:

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

Name: 
Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 23-Jan, 1998

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

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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: NVN 53719

Pool: Grant Canyon County: Nye

Month of: December, 1997

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		
9	642	21	7N	57E	9988.59	10006.69	25	14684	0			31	POW
TOTALS					9988.59	10006.69		14684					

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	549	9988.59	10006.69		IMTN, Crysen Petro Source	530.9	

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.

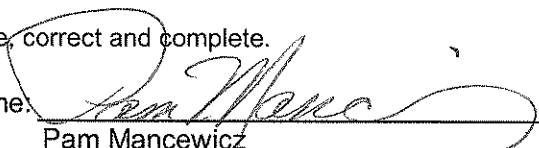
SUMMARY

Barrels of oil produced and marketed during month _____ 10,006.69
Tax at \$0.05 per barrel _____ \$ 500.33
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 500.33

Remarks:

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

Name: 
Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 23-Jan , 1998

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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: Grant Canyon County: Nye Month of: December, 1997

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		
7	625	21	4N	57E	0.00	0.00		0	0			0	TA
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	0	0		0		0	

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 \$0.05 per barrel _____ \$ -
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

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: 23-Jan , 1998

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DEC 29 1997

PRODUCER'S MONTHLY REPORT

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

Company: **MAKOIL, INC.**

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

Lease: NVN 53719 Pool: Grant Canyon County: Nye Month of: November, 1997

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		
9	642	21	7N	57E	9768.40	9794.10	25.7	13945	0			30	POW
TOTALS					9768.40	9794.10		13945					

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	574.7	9768.4	9794.1		IMTN, Crysen Petro Source	549	

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 _____ 9,794.10
Tax at \$0.05 per barrel _____ \$ 489.71
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 489.71

Remarks:

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

Name: _____

Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 18-Dec, 1997

**INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance.
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This report to be filed by the end of the month following the month herein reported.

Div. of Minerals

Company: **MAKOIL, INC.**

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

Lease: _____ Pool: Grant Canyon County: Nye Month of: November, 1997

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		
7	625	21	4N	57E	0.00	0.00		0	0			0	TA
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	0	0		0		0	

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 \$0.05 per barrel _____ \$ -
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

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

Remarks:

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

Name: Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 18-Dec, 1997

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Company: **MAKOIL, INC.**

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

Lease: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: November, 1997

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		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1437.75	1399.15	25.7	15447	0			30	POW
TOTALS					1437.75	1399.15		15447					

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	298.7	1437.75	1399.15		IMTN, Crysen Petro Source	337.3	

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.

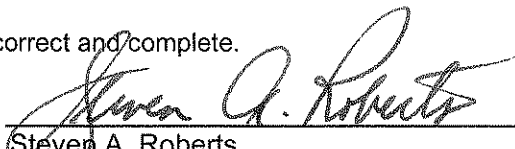
SUMMARY

Barrels of oil produced and marketed during month _____ 1,399.15
Tax at \$0.05 per barrel _____ \$ 69.96
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 69.96

Remarks:

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

Name: 
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 18-Dec, 1997

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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: NVN 53719

Pool: Grant Canyon

County: Nye

Month of: October, 1997

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		
9	642	21	7N	57E	10215.18	10349.08	25.9	13726	0			31	POW
TOTALS					10215.18	10349.08		13726					

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 _____

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Company: **MAKOIL, INC.**

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

Lease: _____ Pool: Grant Canyon County: Nye Month of: October ,1997

Location					Oil and Water (BLS.)				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		
7	625	21	4N	57E	0.00	0.00		0	0			0	TA
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	0	0		0		0	

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 \$0.05 per barrel _____ \$ -
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

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

Remarks:

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

Name: *Steven A. Roberts*
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 18-Nov, 1997

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

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

Div. of Minerals

Company: **MAKOIL, INC.**

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

Lease: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: October ,1997

Location					Oil and Water (BLS.)				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		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1509.17	1522.07	25.9	15745	0			31	POW
TOTALS					1509.17	1522.07		15745					

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	311.6	1509.17	1522.07		IMTN, Crysen Petro Source	298.7	

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 _____ 1,522.07
Tax at \$0.05 per barrel _____ \$ 76.10
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 76.10

Remarks:

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

Name: *Steven A. Roberts*
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 18-Nov, 1997

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.

Company: **MAKOIL, INC.**

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

Lease: NVN 53719 Pool: Grant Canyon County: Nye Month of: September, 1997

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		
9	642	21	7N	57E	10007.06	10295.36	25	13048	0			30	POW
TOTALS					10007.06	10295.36		13048					

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
			Bbils to Pipeline	Bbils to Truck or R.R.	Name of Transporter		
1	996.9	10007.06	10295.36		IMTN, Crysen Petro Source	708.6	

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.

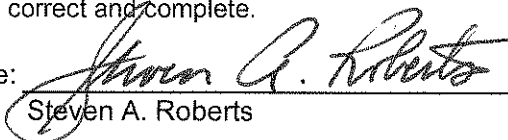
SUMMARY

Barrels of oil produced and marketed during month _____ 10,295.36
Tax at \$0.05 per barrel _____ \$ 514.77
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 514.77

Remarks:

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

Name: 
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 22-Oct, 1997

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

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Company: **MAKOIL, INC.**

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

Lease: _____ Pool: Grant Canyon County: Nye Month of: September, 1997

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		
7	625	21	4N	57E	0.00	0.00		0	0			0	TA
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	0	0		0		0	

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 \$0.05 per barrel _____ \$ -
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

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

Remarks:

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

Name: *Steven A. Roberts*
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 22-Oct, 1997

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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: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: September ,1997

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		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1458.08	1535.28	25	14684	0			30	POW
TOTALS					1458.08	1535.28		14684					

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	388.8	1458.08	1535.28		IMTN, Crysen Petro Source	311.6	

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.

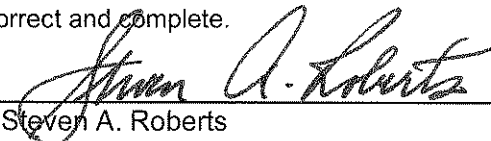
SUMMARY

Barrels of oil produced and marketed during month _____ 1,535.28
Tax at \$0.05 per barrel _____ \$ 76.76
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 76.76

Remarks:

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

Name: 
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 22-Oct, 1997

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 89710
 Telephone (702) 687-5050

RECEIVED

SEP 29 1997

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: NVN 53719

Pool: Grant Canyon County: Nye

Month of: August, 1997

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		
9	642	21	7N	57E	10463.67	10322.17	25.7	14032	0			31	POW
TOTALS					10463.67	10322.17		14032					

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	855.4	10463.67	10322.17		IMTN, Crysens Petro Source	996.9	

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 _____ 10,322.17
Tax at \$0.05 per barrel _____ \$ 516.11
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 516.11

Remarks:

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

Name: Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 24-Sep, 1997

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 89710
 Telephone (702) 687-5050

RECEIVED

SEP 29 1997

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: Grant Canyon County: Nye Month of: August, 1997

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		
7	625	21	4N	57E	0.00	0.00		0	0			0	TA
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	0	0		0		0	

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

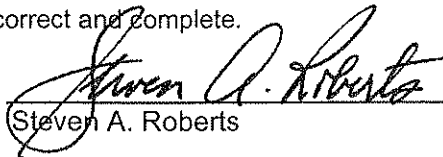
Barrels of oil produced and marketed during month _____ - 0.00
Tax at \$0.05 per barrel _____ \$ -
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

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

Remarks:

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

Name: _____


Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 24-Sep, 1997

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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SEP 29 1997

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: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: August, 1997

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		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1512.16	1589.36	25.7	15405	0			31	POW
TOTALS					1512.16	1589.36		15405					

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	466	1512.16	1589.36		IMTN, Crysen Petro Source	388.8	

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 _____	1,589.36
Tax at \$0.05 per barrel _____	\$ 79.47
MCF Gas produced and marketed during month _____	0.00
Tax at \$0.05 per barrel _____	\$ -
 Total tax monies remitted herewith to Department of Minerals _____	 \$ 79.47

Remarks:

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

Name: *Steven A. Roberts*
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 24-Sep, 1997

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 89710
 Telephone (702) 687-5050

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SEP 03 1997

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: NVN 53719

Pool: Grant Canyon County: Nye

Month of: July, 1997

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		
9	642	21	7N	57E	10588.28	10570.28	25.7	14058	0			31	POW
TOTALS					10588.28	10570.28		14058					

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	837.4	10588.28	10570.28		IMTN, Crysen Petro Source	855.4	

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 _____ 10,570.28
Tax at \$0.05 per barrel _____ \$ 528.51
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 528.51

Remarks:

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

Name: _____


Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 26-Aug, 1997

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 89710
 Telephone (702) 687-5050

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SEP 03 1997

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: Grant Canyon County: Nye Month of: July, 1997

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		
7	625	21	4N	57E	0.00	0.00		0	0			0	TA
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	0	0		0		0	

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 \$0.05 per barrel _____ \$ -
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

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

Remarks:

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

Name: _____

Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 26-Aug, 1997

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 89710
 Telephone (702) 687-5050

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SEP 03 1997

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: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: July ,1997

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		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1533.36	1345.46	25.7	15349	0			31	POW
TOTALS					1533.36	1345.46		15349					

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	278.1	1533.36	1345.46		IMTN, Crysen Petro Source	466	

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.

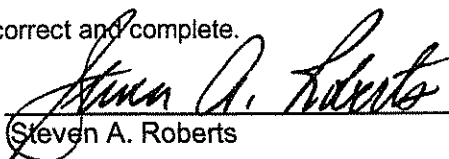
SUMMARY

Barrels of oil produced and marketed during month _____ 1,345.46
Tax at \$0.05 per barrel _____ \$ 67.27
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 67.27

Remarks:

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

Name: 
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 26-Aug, 1997

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 89710
 Telephone (702) 687-5050

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JUL 28 1997

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: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: June ,1997

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		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1489.49	1664.69	25.7	14528	0			30	POW
TOTALS					1489.49	1664.69		14528					

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	453.3	1489.49	1664.69		IMTN, Crysen Petro Source	278.1	

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.

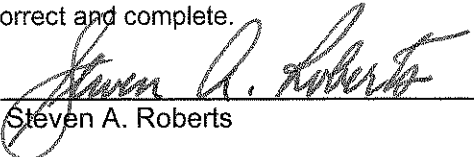
SUMMARY

Barrels of oil produced and marketed during month _____ 1,664.69
Tax at \$0.05 per barrel _____ \$ 83.23
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 83.23

Remarks:

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

Name: 
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 23-Jul, 1997

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 89710
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JUL 28 1997

PRODUCER'S MONTHLY REPORT

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

Div. of Minerals

Company: **MAKOIL, INC.**

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

Lease: _____ Pool: Grant Canyon County: Nye Month of: June ,1997

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		
7	625	21	4N	57E	0.00	0.00		0	0			0	TA
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	0	0		0		0	

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 \$0.05 per barrel _____ \$ -
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

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

Remarks:

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

Name: Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 23-Jul, 1997

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 89710
 Telephone (702) 687-5050

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JUL 28 1997

PRODUCER'S MONTHLY REPORT

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

Div. of Minerals

Company: **MAKOIL, INC.**

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

Lease: NVN 53719 Pool: Grant Canyon County: Nye Month of: June, 1997

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		
9	642	21	7N	57E	10358.78	10263.48	25.7	13665	0			30	POW
TOTALS					10358.78	10263.48		13665					

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	742.1	10358.78	10263.48		IMTN, Crysen Petro Source	837.4	

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 _____ 10,263.48
Tax at \$0.05 per barrel _____ \$ 513.17
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 513.17

Remarks:

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

Name: *Steven A. Roberts*
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 23-Jul, 1997

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 89710
 Telephone (702) 687-5050

RECEIVED

JUN 30 1997

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: NVN 53719

Pool: Grant Canyon

County: Nye

Month of:

May

,1997

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		
9	642	21	7N	57E	10850.53	10840.13	25.8	13366	0			31	POW
TOTALS					10850.53	10840.13		13366					

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	731.7	10850.53	10840.13		IMTN, Crysen Petro Source	742.1	

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 _____ 10,840.13
Tax at \$0.05 per barrel _____ \$ 542.01
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 542.01

Remarks:

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

Name: _____

Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 18-Jun, 1997

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 89710
 Telephone (702) 687-5050

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JUN 30 1997

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: Grant Canyon County: Nye Month of: May, 1997

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		
7	625	21	4N	57E	0.00	0.00		0	0			0	TA
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	0	0		0		0	

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 \$0.05 per barrel _____ \$ -
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

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

Remarks:

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

Name: Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 18-Jun, 1997

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 89710
 Telephone (702) 687-5050

RECEIVED

JUN 30 1997

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: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: May ,1997

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		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1558.54	1555.94	25.8	14656	0			31	POW
TOTALS					1558.54	1555.94		14656					

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	450.7	1558.54	1555.94		IMTN, Crysen Petro Source	453.3	

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 _____ 1,555.94
Tax at \$0.05 per barrel _____ \$ 77.80
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 77.80

Remarks:

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

Name: Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 18-Jun, 1997

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 89710
 Telephone (702) 687-5050

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: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: April, 1997

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		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1522.63	1834.03	25.7	14080	0			30	POW
TOTALS					1522.63	1834.03		14080					

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	762.1	1522.63	1834.03		IMTN, Crysen Petro Source	450.7	

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 _____ 1,834.03
Tax at \$0.05 per barrel _____ \$ 91.70
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 91.70

Remarks:

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

Name: _____

Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 21-May, 1997

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 89710
 Telephone (702) 687-5050

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: Grant Canyon County: Nye Month of: April, 1997

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		
7	625	21	4N	57E	0.00	0.00		0	0			0	TA
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	0	0		0		0	

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 \$0.05 per barrel _____ \$ -
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

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

Remarks:

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

Name: _____

Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 21-May, 1997

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 89710
 Telephone (702) 687-5050

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: NVN 53719

Pool: Grant Canyon County: Nye

Month of: April, 1997

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		
9	642	21	7N	57E	10618.11	10806.11	25.7	12695	0			30	POW
TOTALS					10618.11	10806.11		12695					

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	919.7	10618.11	10806.11		IMTN, Crysen Petro Source	731.7	

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 _____ 10,806.11
Tax at \$0.05 per barrel _____ \$ 540.31
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 540.31

Remarks:

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

Name: 
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 21-May, 1997

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
 400 W. King Street, Suite 106
 Carson City, Nevada 89710
 Telephone (702) 687-5050

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APR 28 1997

PRODUCER'S MONTHLY REPORT

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

Div. of Minerals

Company: **MAKOIL, INC.**

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

Lease: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: March ,1997

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		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1598.85	1287.45	25.8	14122	0			31	POW
TOTALS					1598.85	1287.45		14122					

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	450.7	1598.85	1287.45		IMTN, Crysen Petro Source	762.1	

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.

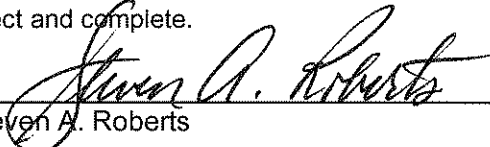
SUMMARY

Barrels of oil produced and marketed during month _____ 1,287.45
Tax at \$0.05 per barrel _____ \$ 64.37
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 64.37

Remarks:

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

Name: 
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 23-Apr, 1997

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 89710
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APR 28 1997

PRODUCER'S MONTHLY REPORT

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

Div. of Minerals

Company: **MAKOIL, INC.**

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

Lease: _____ Pool: Grant Canyon County: Nye Month of: March, 1997

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		
7	625	21	4N	57E	0.00	0.00		0	0			0	TA
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	0	0		0		0	

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 \$0.05 per barrel _____ \$ -
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

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

Remarks:

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

Name: Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 23-Apr , 1997

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 89710
 Telephone (702) 687-5050

RECEIVED

APR 28 1997

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: NVN 53719

Pool: Grant Canyon County: Nye

Month of: March, 1997

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		
9	642	21	7N	57E	11116.60	10926.10	25.8	13620	0			31	POW
TOTALS					11116.60	10926.10		13620					

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	729.2	11116.6	10926.1		IMTN, Crysen Petro Source	919.7	

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 _____ 10,926.10
Tax at \$0.05 per barrel _____ \$ 546.31
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 546.31

Remarks:

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

Name: _____


Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 23-Apr , 1997

**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 89710
 Telephone (702) 687-5050

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: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: February ,1997

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		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1475.57	1483.27	26.1	11456	0			28	POW
TOTALS					1475.57	1483.27		11456					

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	458.4	1475.57	1483.27		IMTN, Crysen Petro Source	450.7	

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 _____	1,483.27
Tax at \$0.05 per barrel _____	\$ 74.16
MCF Gas produced and marketed during month _____	0.00
Tax at \$0.05 per barrel _____	\$ -
Total tax monies remitted herewith to Department of Minerals _____	\$ 74.16

Remarks:

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

Name: *Steven A. Roberts*
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 17-Mar, 1997

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 89710
 Telephone (702) 687-5050

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: Grant Canyon County: Nye Month of: February, 1997

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		
7	625	21	4N	57E	0.00	0.00		0	0			0	TA
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	0	0		0		0	

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 \$0.05 per barrel _____ \$ -
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

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

Remarks:

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

Name: Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 17-Mar, 1997

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 89710
 Telephone (702) 687-5050

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: NVN 53719

Pool: Grant Canyon County: Nye

Month of: February, 1997

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		
9	642	21	7N	57E	10163.50	10199.60	26.1	12168	0			28	POW
TOTALS					10163.50	10199.60		12168					

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	765.3	10163.5	10199.6		IMTN, Crysen Petro Source	729.2	

GAS

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

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

SUMMARY

Barrels of oil produced and marketed during month _____ 10,199.60
Tax at \$0.05 per barrel _____ \$ 509.98
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 509.98

Remarks:

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

Name: Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 17-Mar, 1997

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 89710
 Telephone (702) 687-5050

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FEB 24 1997

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: Grant Canyon County: Nye Month of: January, 1997

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		
7	625	21	4N	57E	0.00	0.00		0	0			0	TA
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	0	0		0		0	

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 \$0.05 per barrel _____ \$ -
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

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

Remarks:

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

Name: Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 21-Feb , 1997

**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 89710
 Telephone (702) 687-5050

RECEIVED

FEB 24 1997

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: NVN 53719

Pool: Grant Canyon County: Nye

Month of: January, 1997

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		
9	642	21	7N	57E	11403.42	11385.32	25.7	13705	0			31	POW
TOTALS					11403.42	11385.32		13705					

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	747.2	11403.42	11385.32		IMTN, Crysen Petro Source	765.3	

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 _____	11,385.32
Tax at \$0.05 per barrel _____	\$ 569.27
MCF Gas produced and marketed during month _____	0.00
Tax at \$0.05 per barrel _____	\$ -
Total tax monies remitted herewith to Department of Minerals _____	\$ 569.27

Remarks:

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

Name: Steven A. Roberts
 Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 21-Feb , 1997

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RECEIVED

FEB 24 1997

PRODUCER'S MONTHLY REPORT

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

Div. of Minerals

Company: **MAKOIL, INC.**

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

Lease: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: January ,1997

Location					Oil and Water (BLS.)				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		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1599.68	1599.68	25.7	11232	0			31	POW
TOTALS					1599.68	1599.68		11232					

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	458.4	1599.68	1599.68		IMTN, Crysens Petro Source	458.4	

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 _____ 1,599.68
Tax at \$0.05 per barrel _____ \$ 79.98
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.05 per barrel _____ \$ -

Total tax monies remitted herewith to Department of Minerals _____ \$ 79.98

Remarks:

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

Name: Steven A. Roberts
Steven A. Roberts

Position: Vice President - Finance

Telephone: (714) 939-7560

Date: 21-Feb , 1997

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