

RECEIVED

JAN 31 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: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: December ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1145.89	1132.99	26	20540	0			31	POW
TOTALS					1145.89	1132.99		20540					

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	Bbbs to Pipeline	Disposition of Oil Bbbs to Truck or R.R.	Name of Transporter	Total amount of oil on lease	Total amt. Lease Tank Capacity
1	314.1	1145.89	1132.99		IMTN, Crysens Petro Source	327	

GAS

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

SUMMARY

Barrels of oil produced and marketed during month	_____	1,132.99
Tax at \$0.10 per barrel	_____	\$113.30
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	_____	\$ 113.30

Remarks:

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

Name: 

Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date:

19-Jan , 2001

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

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

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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 ,2000

Location					Oil and Water (BBL.S.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
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 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: 19-Jan , 2001

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

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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: December ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
9	642	21	7N	57E	7136.37	7275.37	26	15456	0			31	POW
TOTALS					7136.37	7275.37		15456					

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	641.6	7136.37	7275.37		IMTN, Crysen Petro Source	502.6	

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 _____	7,275.37
Tax at \$0.10 per barrel _____	<u>\$727.54</u>
MCF Gas produced and marketed during month _____	0.00
Tax at \$0.10 per barrel _____	<u>\$0.00</u>
 Total tax monies remitted herewith to Department of Minerals _____	 \$ <u>727.54</u>

Remarks:

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

Name:



Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date:

19-Jan , 2001

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

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JAN 02 2001

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: November ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
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 \$0.10 per barrel _____ \$0.00
MCF Gas produced and marketed during month _____ 0.00
Tax at \$0.10 per barrel _____ \$0.00

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

Remarks:

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

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 20-Dec, 2000

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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: November ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1117.79	1115.29	26	19844	0			30	POW
TOTALS					1117.79	1115.29		19844					

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	1117.79	1115.29		IMTN, Crysen Petro Source	314.1	

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.

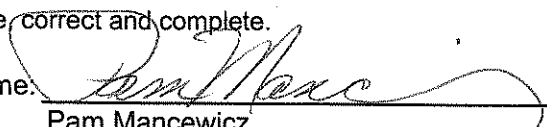
SUMMARY

Barrels of oil produced and marketed during month _____ 1,115.29
Tax at \$0.10 per barrel _____ \$111.53
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 _____ \$ 111.53

Remarks:

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

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 20-Dec, 2000

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PRODUCER'S MONTHLY REPORT

JAN 02 2001

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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, 2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec.	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
9	642	21	7N	57E	6976.66	7002.46	26	14701	0			30	POW
TOTALS					6976.66	7002.46		14701					

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	667.4	6976.66	7002.46		IMTN, Crysen Petro Source	641.6	

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 _____	7,002.46
Tax at \$0.10 per barrel _____	\$700.25
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 _____ \$ 700.25

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-Dec , 2000

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

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NOV 29 2000

Div. of Minerals

PRODUCER'S MONTHLY REPORT

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

Company: MAKOIL, INC.

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

Lease: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: October ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1135.21	1238.21	26	20527	0			31	POW
TOTALS					1135.21	1238.21		20527					

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	414.6	1135.21	1238.21		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 _____ 1,238.21
Tax at \$0.10 per barrel _____ \$123.82
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 _____ \$ 123.82

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, 2000

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: October ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
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.

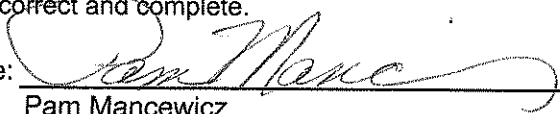
SUMMARY

Barrels of oil produced and marketed during month _____ 0.00
Tax at \$0.10 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, 2000

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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 ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
9	642	21	7N	57E	7262.75	7100.55	26	15204	0			31	POW
TOTALS					7262.75	7100.55		15204					

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	505.2	7262.75	7100.55		IMTN, Crysen Petro Source	667.4	

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.

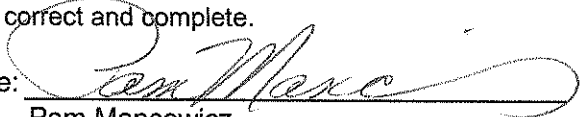
SUMMARY

Barrels of oil produced and marketed during month _____	7,100.55
Tax at \$0.10 per barrel _____	\$710.06
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 _____ \$ 710.06

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, 2000

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

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 OCT 31 2000
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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 ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1127.11	993.21	26	19889	0			30	POW
TOTALS					1127.11	993.21		19889					

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	280.7	1127.11	993.21		IMTN, Crysen Petro Source	414.6	

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 _____	993.21
Tax at \$0.10 per barrel _____	\$99.32
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 _____	 \$ 99.32

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: 23-Oct, 2000

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

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OCT 31 2000

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: September ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
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.

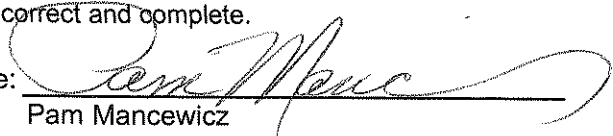
SUMMARY

Barrels of oil produced and marketed during month _____ 0.00
Tax at \$0.10 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-Oct, 2000

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

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

RECEIVED

PRODUCER'S MONTHLY REPORT

This report to be filed by the end of the month following the month herein reported. **OCT 31 2000**

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, 2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
9	642	21	7N	57E	7081.07	7083.57	26	14815	0			30	POW
TOTALS					7081.07	7083.57		14815					

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	507.7	7081.07	7083.57		IMTN, Crysen Petro Source	505.2	

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 _____ 7,083.57
Tax at \$0.10 per barrel _____ \$708.36
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 _____ \$ 708.36

Remarks:

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

Name: 

Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 23-Oct, 2000

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

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 Department of Minerals
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OCT 04 2000

Div. of Minerals

PRODUCER'S MONTHLY REPORT

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

Company: MAKOIL, INC.

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

Lease: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: August ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1169.25	1202.65	26	20317	0			31	POW
TOTALS					1169.25	1202.65		20317					

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	314.1	1169.25	1202.65		IMTN, Crysen Petro Source	280.7	

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.

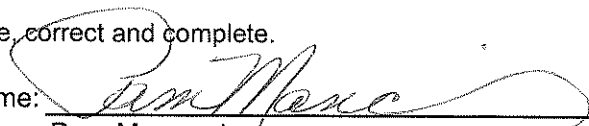
SUMMARY

Barrels of oil produced and marketed during month _____ 1,202.65
 Tax at \$0.10 per barrel _____ \$120.27
 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 _____ \$ 120.27

Remarks:

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

Name: 
 Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 20-Sep, 2000

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

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OCT 04 2000

PRODUCER'S MONTHLY REPORT

Div. of Minerals

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

Company: MAKOIL, INC.

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

Lease: _____ Pool: Grant Canyon County: Nye Month of: August ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
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.

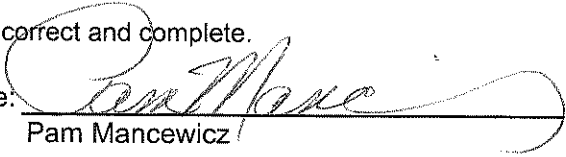
SUMMARY

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

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

Remarks:

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

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 20-Sep, 2000

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

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 OCT 04 2000
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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: August ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
9	642	21	7N	57E	7366.88	7323.08	26	15536	0			31	POW
TOTALS					7366.88	7323.08		15536					

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	463.9	7366.88	7323.08		IMTN, Crysen Petro Source	507.7	

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 _____	7,323.08
Tax at \$0.10 per barrel _____	\$732.31
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 _____	 \$ 732.31

Remarks:

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

Name: 
 Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 20-Sep, 2000

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

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AUG 31 2000

PRODUCER'S MONTHLY REPORT

Div. of Minerals

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

Company: MAKOIL, INC.

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

Lease: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: July ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1166.24	1228.14	26	20330	0			31	POW
TOTALS					1166.24	1228.14		20330					

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	376	1166.24	1228.14		IMTN, Crysen Petro Source	314.1	

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 _____ 1,228.14
Tax at \$0.10 per barrel _____ \$122.81
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 _____ \$ 122.81

Remarks:

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

Name: 

Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 25-Aug, 2000

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

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AUG 31 2000

PRODUCER'S MONTHLY REPORT

Div. of Minerals

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

Company: **MAKOIL, INC.**

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

Lease: _____ Pool: Grant Canyon County: Nye Month of: July ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
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.

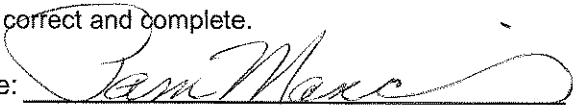
SUMMARY

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

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

Remarks:

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

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 25-Aug , 2000

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

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

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AUG 31 2000

PRODUCER'S MONTHLY REPORT

Div. of Minerals

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

Company: **MAKOIL, INC.**

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

Lease: NVN 53719

Pool: Grant Canyon County: Nye

Month of: July, 2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
9	642	21	7N	57E	7420.23	7386.83	26	15086	0			31	POW
TOTALS					7420.23	7386.83		15086					

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	430.5	7420.23	7386.83		IMTN, Crysen Petro Source	463.9	

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 _____ 7,386.83
Tax at \$0.10 per barrel _____ \$738.69
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 _____ \$738.69

Remarks:

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

Name: _____

Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 25-Aug , 2000

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

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JUL 31 2000

Div. of Minerals

PRODUCER'S MONTHLY REPORT

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

Company: **MAKOIL, INC.**

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

Lease: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: June ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1148.47	1187.07	26	19412	0			30	POW
TOTALS					1148.47	1187.07		19412					

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	414.6	1148.47	1187.07		IMTN, Crysen Petro Source	376	

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.

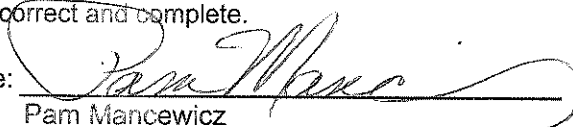
SUMMARY

Barrels of oil produced and marketed during month _____ 1,187.07
Tax at \$0.10 per barrel _____ \$118.71
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 _____ \$ 118.71

Remarks:

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

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 25-Jul, 2000

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

State of Nevada
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JUL 31 2000

PRODUCER'S MONTHLY REPORT

Div. of Minerals

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

Company: MAKOIL, INC.

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

Lease: _____ Pool: Grant Canyon County: Nye Month of: June ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
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.

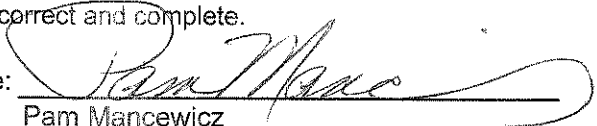
SUMMARY

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

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

Remarks:

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

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 25-Jul, 2000

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: June ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
9	642	21	7N	57E	7240.24	7250.54	26	14337	0			30	POW
TOTALS					7240.24	7250.54		14337					

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	440.8	7240.24	7250.54		IMTN, Crysen Petro Source	430.5	

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.

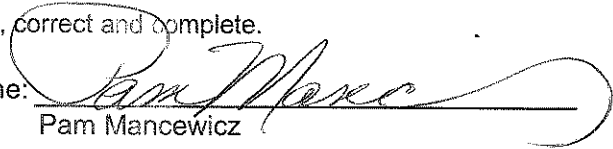
SUMMARY

Barrels of oil produced and marketed during month _____	7,250.54
Tax at \$0.10 per barrel _____	\$725.05
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 _____ \$ 725.05

Remarks:

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

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 25-Jul, 2000

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

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JUL 05 2000

Div. of Minerals

PRODUCER'S MONTHLY REPORT

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

Company: **MAKOIL, INC.**

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

Lease: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: May ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1200.87	1190.57	26	20454	0			31	POW
TOTALS					1200.87	1190.57		20454					

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	404.3	1200.87	1190.57		IMTN, Crysen Petro Source	414.6	

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 _____	1,190.57
Tax at \$0.10 per barrel _____	<u>\$119.06</u>
MCF Gas produced and marketed during month _____	0.00
Tax at \$0.10 per barrel _____	<u>\$0.00</u>

Total tax monies remitted herewith to Department of Minerals _____ \$ 119.06

Remarks:

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

Name: 
 Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 27-Jun , 2000

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

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

RECEIVED

JUL 05 2000

PRODUCER'S MONTHLY REPORT

Div. of Minerals

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

Company: MAKOIL, INC.

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

Lease: _____ Pool: Grant Canyon County: Nye Month of: May, 2000

Location					Oil and Water (BBL.S.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
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.

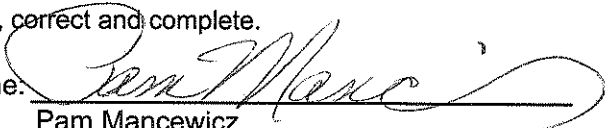
SUMMARY

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

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

Remarks:

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

Name: 
 Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 27-Jun , 2000

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

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JUL 05 2000

Div. of Minerals

PRODUCER'S MONTHLY REPORT

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

Company: MAKOIL, INC.

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

Lease: NVN 53719

Pool: Grant Canyon County: Nye

Month of: May ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
9	642	21	7N	57E	7551.88	7580.18	26	14883	0			31	POW
TOTALS					7551.88	7580.18		14883					

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	469.1	7551.88	7580.18		IMTN, Crysen Petro Source	440.8	

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 _____ 7,580.18
Tax at \$0.10 per barrel _____ \$758.02
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 _____ \$ 758.02

Remarks:

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

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 27-Jun, 2000

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

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MAY 30 2000

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: April, 2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1161.26	1181.86	26	19796	0			30	POW
TOTALS					1161.26	1181.86		19796					

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	424.9	1161.26	1181.86		IMTN, Crysen Petro Source	404.3	

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 _____	1,181.86
Tax at \$0.10 per barrel _____	\$118.19
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 _____ \$ 118.19

Remarks:

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

Name: 
 Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 22-May, 2000

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

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 Department of Minerals
 400 W. King Street, Suite 106
 Carson City, Nevada 89703
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MAY 30 2000

Div. of Minerals

PRODUCER'S MONTHLY REPORT

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

Company: MAKOIL, INC.

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

Lease: _____ Pool: Grant Canyon County: Nye Month of: April, 2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
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 \$0.10 per barrel _____ \$0.00
 MCF Gas produced and marketed during month _____ 0.00
 Tax at \$0.10 per barrel _____ \$0.00

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

Remarks:

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

Name: 
 Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 22-May, 2000

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

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MAY 30 2000

PRODUCER'S MONTHLY REPORT

Div. of Minerals

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

Company: MAKOIL, INC.

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

Lease: NVN 53719

Pool: Grant Canyon County: Nye

Month of: April, 2000

Location					Oil and Water (BBL.S.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
9	642	21	7N	57E	7358.38	7309.48	26	14228	0			30	POW
TOTALS					7358.38	7309.48		14228					

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	420.2	7358.38	7309.48		IMTN, Crysen Petro Source	469.1	

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.

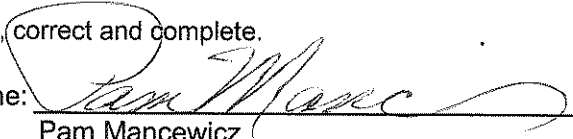
SUMMARY

Barrels of oil produced and marketed during month _____ 7,309.48
Tax at \$0.10 per barrel _____ \$730.95
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 _____ \$ 730.95

Remarks:

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

Name: 
Pam Mancewicz

Position: Production Accounting

Telephone: (714) 939-7560

Date: 22-May, 2000

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

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MAY 01 2000

PRODUCER'S MONTHLY REPORT

Div. of Minerals

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

Company: MAKOIL, INC.

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

Lease: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: March ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1211.30	1114.70	25.6	20324	0			31	POW
TOTALS					1211.30	1114.70		20324					

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	328.3	1211.3	1114.7		IMTN, Crysen Petro Source	424.9	

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.

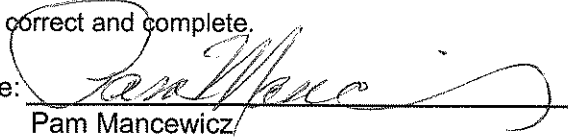
SUMMARY

Barrels of oil produced and marketed during month _____ 1,114.70
Tax at \$0.10 per barrel _____ \$111.47
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 _____ \$ 111.47

Remarks:

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

Name: 
Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 20-Apr, 2000

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

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

RECEIVED

MAY 01 2000

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 ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
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.

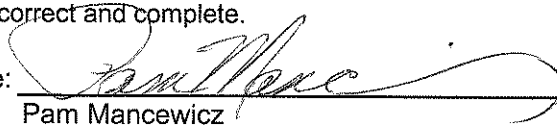
SUMMARY

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

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

Remarks:

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

Name: 
Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 20-Apr, 2000

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

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MAY 01 2000

Div. of Minerals

PRODUCER'S MONTHLY REPORT

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

Company: MAKOIL, INC.

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

Lease: NVN 53719

Pool: Grant Canyon County: Nye

Month of: March, 2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
9	642	21	7N	57E	7693.04	7698.14	25.6	14152	0			31	POW
TOTALS					7693.04	7698.14		14152					

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	425.3	7693.04	7698.14		IMTN, Crysens Petro Source	420.2	

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.

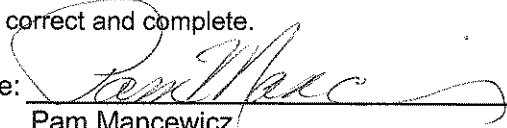
SUMMARY

Barrels of oil produced and marketed during month _____	7,698.14
Tax at \$0.10 per barrel _____	<u>\$769.81</u>
MCF Gas produced and marketed during month _____	0.00
Tax at \$0.10 per barrel _____	<u>\$0.00</u>

Total tax monies remitted herewith to Department of Minerals _____ \$ 769.81

Remarks:

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

Name: 
Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 20-Apr, 2000

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

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

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APR 03 2000

PRODUCER'S MONTHLY REPORT

Div. of Minerals

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

Company: MAKOIL, INC.

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

Lease: _____ Pool: Grant Canyon County: Nye Month of: February ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
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.

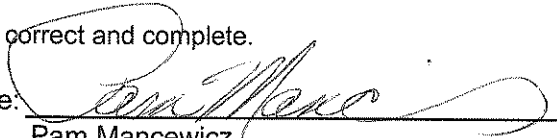
SUMMARY

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

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

Remarks:

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

Name: 
 Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 24-Mar, 2000

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

State of Nevada
 Department of Minerals
 400 W. King Street, Suite 106
 Carson City, Nevada 89703
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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: February ,2000

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	1137.81	1065.71	26	19200	0			29	POW
TOTALS					1137.81	1065.71		19200					

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	256.2	1137.81	1065.71		IMTN, Crysen Petro Source	328.3	

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 _____ 1,065.71
Tax at \$0.10 per barrel _____ \$106.57
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 _____ \$ 106.57

Remarks:

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

Name: 
Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 24-Mar, 2000

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

State of Nevada
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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: February, 2000

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		
9	642	21	7N	57E	7245.71	7245.71	26	13438	0			29	POW
TOTALS					7245.71	7245.71		13438					

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	425.3	7245.71	7245.71		IMTN, Crysen Petro Source	425.3	

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.

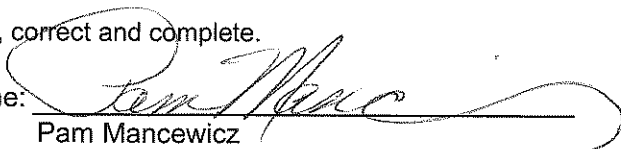
SUMMARY

Barrels of oil produced and marketed during month _____ 7,245.71
Tax at \$0.10 per barrel _____ \$724.57
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 _____ \$ 724.57

Remarks:

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

Name: 
Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 24-Mar , 2000

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

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

RECEIVED

FEB 28 2000

PRODUCER'S MONTHLY REPORT

Div. of Minerals

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

Company: MAKOIL, INC.

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

Lease: GRANT CANYON UNIT Pool: Grant Canyon County: Nye Month of: January ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
3	375	16	7N	57E	0.00	0.00		0	0			0	TA
22-21	705	21	7N	57E	1233.51	1230.91	26	20665	0			31	POW
TOTALS					1233.51	1230.91		20665					

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	253.6	1233.51	1230.91		IMTN, Crysen Petro Source	256.2	

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 _____	1,230.91
Tax at \$0.10 per barrel _____	<u>\$123.09</u>
MCF Gas produced and marketed during month _____	0.00
Tax at \$0.10 per barrel _____	<u>\$0.00</u>
 Total tax monies remitted herewith to Department of Minerals _____	 \$ <u>123.09</u>

Remarks:

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

Name: *Pam Mancewicz*
Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 24-Feb, 2000

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

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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: January ,2000

Location					Oil and Water (BBL.S.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
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.

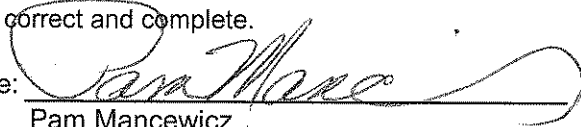
SUMMARY

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

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

Remarks:

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

Name: 
Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 24-Feb , 2000

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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 ,2000

Location					Oil and Water (BBLs.)				Gas			No. Days Prod.	Status: Flowing, Pumping, Gas Lift, etc.
Well No.	Permit No.	Sec	Twp.	Rge.	Net Oil Prod.*	Net Oil Sold*	Grav.	Water Prod.**	Tot. Gas Prod. MCF	Gas-Oil Ratio	Date of Test		
9	642	21	7N	57E	7824.94	7831.44	26	14430	0			31	POW
TOTALS					7824.94	7831.44		14430					

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	431.8	7824.94	7831.44		IMTN, Crysen Petro Source	425.3	

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.

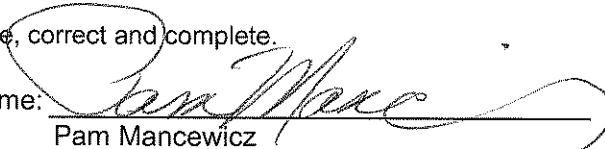
SUMMARY

Barrels of oil produced and marketed during month _____ 7,831.44
Tax at \$0.10 per barrel _____ \$783.14
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 _____ \$ 783.14

Remarks:

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

Name: 
Pam Mancewicz

Position: Bookkeeper

Telephone: (714) 939-7560

Date: 24-Feb, 2000

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