

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

RECEIVED

JAN 23 2006

Division 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 42341

Pool: Kate Springs

County: Nye

Month of:

December

2005

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		
12-2	544	02	8N	57E	807.86	791.11	19.1	8667	162	0.2		31	POW
TOTALS					807.86	791.11		8667	162				

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	453.2	807.86	-566	1357.06	Foreland	470	

GAS

MCF used on lease _____	162	Used for Gas Lift	
MCF sold _____	0	_____ MCF used on lease.	
MCF blown to air (difference) _____	0	_____ MCF used on _____ lease.	
Gas Purchaser _____	N/A	_____ MCF used on _____ lease.	

SUMMARY

Barrels of oil produced and marketed during month _____	791.06
Tax at \$0.10 per barrel _____	\$79.11
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 _____	\$ 79.11

Remarks:

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

Name: Max Pourkashef
Max Pourkashef

Position: Production Accounting

Telephone: (714) 939-7560

Date: 20-Jan, 2006

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

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DEC 29 2005

Division 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 42341

Pool: Kate Springs

County: Nye

Month of:

November

2005

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		
12-2	544	02	8N	57E	881.18	1004.58	19.9	8264	176	0.2		30	POW
TOTALS					881.18	1004.58		8264	176				

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	576.6	881.18	-536.38	1540.96	Foreland	453.2	

GAS

MCF used on lease _____	176	Used for Gas Lift
MCF sold _____	0	0 MCF used on lease.
MCF blown to air (difference) _____	0	0 MCF used on _____ lease.
Gas Purchaser _____	N/A	0 MCF used on _____ lease.

SUMMARY

Barrels of oil produced and marketed during month _____	1,004.58
Tax at \$0.10 per barrel _____	\$100.46
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 _____	\$ 100.46

Remarks:

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

Name: Max Pourkashef


Position: Production Accounting

Telephone: (714) 939-7560

Date: 22-Oct, 2005

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

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NOV 21 2005

PRODUCER'S MONTHLY REPORT

Division of Minerals

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

Company: **MAKOIL, INC.**

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

Lease: NVN 42341

Pool: Kate Springs

County: Nye

Month of: October

2005

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		
12-2	544	02	8N	57E	835.13	611.93	18.6	8614	167	0.2		31	POW
TOTALS					835.13	611.93		8614	167				

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	353.4	835.13	-577.28	1189.21	Foreland	576.6	

GAS

MCF used on lease _____	167	Used for Gas Lift
MCF sold _____	0	0 MCF used on lease.
MCF blown to air (difference) _____	0	0 MCF used on _____ lease.
Gas Purchaser _____	N/A	0 MCF used on _____ lease.

SUMMARY

Barrels of oil produced and marketed during month _____	611.93
Tax at \$0.10 per barrel _____	\$61.19
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 _____	\$ 61.19

Remarks:

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

Name: Max Pourkashaf

Position: Production Accounting

Telephone: (714) 939-7560

Date: 22-Oct, 2005

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

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OCT 26 2005

Division 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 42341

Pool: Kate Springs

County: Nye

Month of:

September

2005

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		
12-2	544	02	8N	57E	888.33	936.23	18.9	8304	178	0.2		30	POW
TOTALS					888.33	936.23		8304	178				

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	401.3	888.33	-450.31	1386.54	Foreland	353.4	

GAS

MCF used on lease _____	178	Used for Gas Lift	
MCF sold _____	0	_____ MCF used on lease.	
MCF blown to air (difference) _____	0	_____ MCF used on _____ lease.	
Gas Purchaser _____	N/A	_____ MCF used on _____ lease.	

SUMMARY

Barrels of oil produced and marketed during month _____	936.23
Tax at \$0.10 per barrel _____	<u>\$93.62</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>93.62</u>

Remarks:

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

Name: *M. H. Pourkashef*
Max Pourkashef

Position: Production Accounting

Telephone: (714) 939-7560

Date: 20-Sep, 2005

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

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SEP 26 2005

Division 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 42341 Pool: Kate Springs County: Nye Month of: August 2005

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		
12-2	544	02	8N	57E	905.69	1249.99	18.9	8637	181	0.2		31	POW
TOTALS					905.69	1249.99		8637	181				

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	745.6	905.69	-553.36	1803.35	Foreland	401.3	

GAS

MCF used on lease _____	181	Used for Gas Lift
MCF sold _____	0	_____ MCF used on lease.
MCF blown to air (difference) _____	0	_____ MCF used on _____ lease.
Gas Purchaser _____	N/A	_____ MCF used on _____ lease.

SUMMARY

Barrels of oil produced and marketed during month _____	1,249.99
Tax at \$0.10 per barrel _____	<u>\$125.00</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>125.00</u>

Remarks:

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

Name: _____

Max Pourkashaf

Position: Production Accounting

Telephone: (714) 939-7560

Date: 25-Aug, 2005

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

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AUG 29 2005

Division 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 42341 Pool: Kate Springs County: Nye Month of: JULY 2005

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		
12-2	544	02	8N	57E	997.04	497.31	17.1	7814	178	0.2		31	POW
TOTALS					997.04	497.31		7814	178				

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	354	888.91	-499.73	997.04	Foreland	745.6	

GAS

MCF used on lease _____	178	Used for Gas Lift	
MCF sold _____	0	_____ MCF used on lease.	
MCF blown to air (difference) _____	0	_____ MCF used on _____ lease.	
Gas Purchaser _____	N/A	_____ MCF used on _____ lease.	

SUMMARY

Barrels of oil produced and marketed during month _____	497.31
Tax at \$0.10 per barrel _____	\$49.73
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 _____ \$ 49.73

Remarks:

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

Name: Max Pourkashaf
Max Pourkashaf

Position: Production Accounting

Telephone: (714) 939-7560

Date: 25-Jul, 2005

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

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AUG 01 2005

PRODUCER'S MONTHLY REPORT

Division of Minerals

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

Company: **MAKOIL, INC.**

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

Lease: NVN 42341

Pool: Kate Springs

County: Nye

Month of:

JUNE

2005

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		
12-2	544	02	8N	57E	862.71	1992.65	19.7	7955	173	0.2		30	POW
TOTALS					862.71	1992.65		7955	173				

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	1005.3	862.71	-478.64	1992.65	Foreland	354	

GAS

MCF used on lease _____	173	Used for Gas Lift	
MCF sold _____	0	0 MCF used on lease.	
MCF blown to air (difference) _____	0	0 MCF used on _____ lease.	
Gas Purchaser _____	N/A	0 MCF used on _____ lease.	

SUMMARY

Barrels of oil produced and marketed during month _____	1,514.01
Tax at \$0.10 per barrel _____	\$151.40
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 _____	\$ 151.40

Remarks:

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

Name: Max Pourkashef
Max Pourkashef

Position: Production Accounting

Telephone: (714) 939-7560

Date: 25-Jul, 2005

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance.
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JUN 30 2005

Division 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 42341

Pool: Kate Springs

County: Nye

Month of:

MAY

2005

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		
12-2	544	02	8N	57E	913.09	753.13	18.6	8223	184	0.2		31	POW
TOTALS					913.09	753.13		8223	184				

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	845.34	913.09	-557.14	1310.27	Foreland	1005.3	

GAS

MCF used on lease _____	184	Used for Gas Lift
MCF sold _____	0	0 MCF used on lease.
MCF blown to air (difference) _____	0	0 MCF used on _____ lease.
Gas Purchaser _____	N/A	0 MCF used on _____ lease.

SUMMARY

Barrels of oil produced and marketed during month _____	753.13
Tax at \$0.10 per barrel _____	\$75.31
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 _____	\$ 75.31

Remarks:

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

Name: Max Pourkashef

Position: Production Accounting

Telephone: (714) 939-7560

Date: 23-Jun, 2005

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

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MAY 31 2005

PRODUCER'S MONTHLY REPORT

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

Company: MAKOIL, INC.

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

Lease: NVN 42341 Pool: Kate Springs County: Nye Month of: April 2005

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		
12-2	544	02	8N	57E	935.62	731.08	18.4	8146	0	0		30	POW
TOTALS					935.62	731.08		8146	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	640.8	935.62	-468.31	1199.39	Foreland	845.34	

GAS

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

SUMMARY

Barrels of oil produced and marketed during month _____	731.08
Tax at \$0.10 per barrel _____	\$73.11
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 _____ \$ 73.11

Remarks:

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

Name: Max Pourkashef
Max Pourkashef

Position: Production Accounting

Telephone: (714) 939-7560

Date: 23-May, 2005

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

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MAY 02 2005

Division 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 42341

Pool: Kate Springs

County: Nye

Month of:

March

2005

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		
12-2	544	02	8N	57E	897.06	1045.76	34.3	8439	179	0.2		31	POW
TOTALS					897.06	1045.76		8439	179				

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	789.5	897.06	-573.64	1619.4	Foreland	640.8	

GAS

MCF used on lease _____ 179
MCF sold _____ 0
MCF blown to air (difference) _____ 0
Gas Purchaser _____ N/A

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

SUMMARY

Barrels of oil produced and marketed during month _____ 1,045.76
Tax at \$0.10 per barrel _____ \$104.58
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 _____ \$ 104.58

Remarks:

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

Name: Max Pourkashaf
Max Pourkashaf

Position: Production Accounting

Telephone: (714) 939-7560

Date: 26-Apr, 2005

INSTRUCTIONS: Prepare in quadruplicate. First three copies to Department of Minerals with remittance.
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MAR 28 2005

Division 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 42341

Pool: Kate Springs

County: Nye

Month of:

February

2005

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		
12-2	544	02	8N	57E	862.31	1294.01	17.8	7629	172	0.2		28	POW
TOTALS					862.31	1294.01		7629	172				

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	1221.2	862.31	-498.71	1792.72	Foreland	789.5	

GAS

MCF used on lease _____	172	Used for Gas Lift	
MCF sold _____	0	_____ MCF used on lease.	
MCF blown to air (difference) _____	0	_____ MCF used on _____ lease.	
Gas Purchaser _____	N/A	_____ MCF used on _____ lease.	

SUMMARY

Barrels of oil produced and marketed during month _____	1,294.01
Tax at \$0.10 per barrel _____	<u>\$129.40</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>129.40</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: 14-Mar, 2005

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 22 2005

Division 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 42341

Pool: Kate Springs

County: Nye

Month of:

January

2005

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		
12-2	544	02	8N	57E	884.14	298.04	17.8	8349	177	0.2		31	POW
TOTALS					884.14	298.04		8349	177				

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	635.1	884.14	-590.02	888.06	Foreland	1221.2	

GAS

MCF used on lease _____	177	Used for Gas Lift	
MCF sold _____	0	_____ MCF used on lease.	
MCF blown to air (difference) _____	0	_____ MCF used on _____ lease.	
Gas Purchaser _____	N/A	_____ MCF used on _____ lease.	

SUMMARY

Barrels of oil produced and marketed during month _____	298.04
Tax at \$0.10 per barrel _____	\$29.80
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: _____ \$ 29.80

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: 17-Feb, 2005

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