

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

RECEIVED

JAN 22 2010

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

2009

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	202.58	396.58	17.9	8516	41	0.2		31	POW
TOTALS					202.58	396.58		8516	41				

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	611	202.58	-335.79	732.37	Foreland	417	

GAS

MCF used on lease _____	41	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 _____	396.58
Tax at \$0.10 per barrel _____	\$39.66
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 _____ \$ 39.66

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: 18-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 21 2009

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

2009

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	1031.33	796.33	17.8	6567	206	0.2		30	POW
TOTALS					1031.33	796.33		6567	206				

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	376	1031.33	-175.29	971.62	Foreland	611	

GAS

MCF used on lease _____	206	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 _____	796.33
Tax at \$0.10 per barrel _____	\$79.63
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 _____ \$ 79.63

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: 16-Dec ,2006

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

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NOV 16 2009

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: October

2009

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	599.87	672.87	18.1	9242	120	0.2		31	POW
TOTALS					599.87	672.87		9242	120				

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	449	599.87	-356.19	1029.06	Foreland	376	

GAS


MCF used on lease _____	120	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 _____	672.87
Tax at \$0.10 per barrel _____	\$67.29
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 _____	\$ 67.29

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: 13-Nov ,2006

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

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OCT 19 2009

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

2009

Location					Oil and Water (BBS.)				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	769.81	746.81	18.4	4299	154	0.2		30	POW
TOTALS					769.81	746.81		4299	154				

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	426	769.81	-166.36	913.17	Foreland	449	

GAS

MCF used on lease _____	154	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.

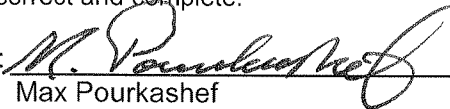
SUMMARY

Barrels of oil produced and marketed during month _____	746.81
Tax at \$0.10 per barrel _____	\$74.68
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 _____ \$ 74.68

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: 15-Oct ,2006

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

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SEP 21 2009

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

2009

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	584.74	591.74	17.9	6287	117	0.2		31	POW
TOTALS					584.74	591.74		6287	117				

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	433	584.74	-346.31	938.05	Foreland	426	

GAS

MCF used on lease _____	117	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 _____	591.74
Tax at \$0.10 per barrel _____	\$59.17
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 _____ \$ 59.17

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: 13-Sep ,2006

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

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AUG 17 2009

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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 42341

Pool: Kate Springs

County: Nye

Month of:

July

2009

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	553.07	440.07	18.3	8073	111	0.2		31	POW
TOTALS					553.07	440.07		8073	111				

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	320	553.07	-373.1	813.17	Foreland	433	

GAS

MCF used on lease _____ 111
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 _____ 440.07
Tax at \$0.10 per barrel _____ \$44.01
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 _____ \$ 44.01

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: 13-Aug ,2006

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

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JUL 20 2009

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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 42341

Pool: Kate Springs

County: Nye

Month of: June

2009

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	768.24	903.24	18.2	6198	154	0.2		30	POW
TOTALS					768.24	903.24		6198	154				

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	455	768.24	-154.6	1057.84	Foreland	320	

GAS

MCF used on lease _____	154	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 _____	903.24
Tax at \$0.10 per barrel _____	\$90.31
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 _____ \$ 90.31

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: 15-Jul ,2006

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

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JUN 22 2009

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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 42341

Pool: Kate Springs

County: Nye

Month of:

May

2009

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	469.08	580.08	18.2	8483	94	0.2		31	POW
TOTALS					469.08	580.08		8483	94				

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	566	469.08	-333.26	913.34	Foreland	455	

GAS

MCF used on lease _____	94	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 _____	580.08
Tax at \$0.10 per barrel _____	\$58.00
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 _____	\$ 58.00

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: 12-Jun ,2006

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

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MAY 18 2009

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:

April

2009

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	641.24	414.24	18.2	7673	128	0.2		30	POW
TOTALS					641.24	414.24		7673	128				

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	339	641.24	-175.05	589.29	Foreland	566	

GAS

MCF used on lease _____	128	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 _____	414.24
Tax at \$0.10 per barrel _____	\$41.42
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 _____ \$ 41.42

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: 14-May, 2006

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

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APR 20 2009

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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 42341

Pool: Kate Springs

County: Nye

Month of: March

2009

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	701.57	808.57	18.1	8517	140	0.2		31	POW
TOTALS					701.57	808.57		8517	140				

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	446	701.57	-289.52	1098.09	Foreland	339	

GAS

MCF used on lease _____	140	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 _____	808.57
Tax at \$0.10 per barrel _____	\$80.86
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 _____ \$ 80.86

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: 16-Apr ,2006

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

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MAR 23 2009

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 2009

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	553.64	547.64	19.5	7922	153	0.2		28	POW
TOTALS					553.64	547.64		7922	153				

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	553.64	-345.67	893.31	Foreland	446	

GAS

MCF used on lease _____	153	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 _____	547.64
Tax at \$0.10 per barrel _____	\$54.76
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 _____	\$ 54.76

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: 16-Mar ,2006

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 23 2009

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 2009

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	764.09	747.09	18.3	8701	153	0.2		31	POW
TOTALS					764.09	747.09		8701	153				

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	423	764.09	-173	920.09	Foreland	440	

GAS

MCF used on lease _____	153	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 _____	747.09
Tax at \$0.10 per barrel _____	\$74.71
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 _____ \$ 74.71

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: 13-Feb ,2006

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