FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

22647	8
	OMB APPROVAL
	OMB Number: 3235-0076

APISEC ÚSE/6003

Expires: November 30, 2001 Estimated average burden

hours per response in

Name of Offering (check if this	s is an amendment and name has change	d, and indicate change.)	
MAGNA RESOURCES B	ROOKSHIRE DOME #4/JOIN	VENTURE	
	pply): 🗆 Rule 504 🗆 Rule 505 🔀		X ULOE
Type of Filing: New Filing	☐ Amendment		
	A. BASIC IDENTIFICAT	TON DATA	
1. Enter the information requested :			~
Name of Issuer (☐ check if this is MAGNA RESOURCES B	an amendment and name has changed, ROOKSHIRE DOME #4 JOIN.	and indicate change.) VENTURE	
Address of Executive Offices Campbell Centre II,	(Number and Street, City, State #1700, 8150 N. Central	Zip Code) Telephone Num Expwy. (214)	
Address of Principal Business Oper (if different from Executive Offices	rations (Number and Street, City, States)	Zip Code) Telephone Num	ber (Including Area Code)
Brief Description of Business			
Oil and gas explora	tions and operations.		PROCESSET
Type of Business Organization ☐ corporation	☐ limited partnership, already forme		APR 08 2003
☐ business trust	☐ limited partnership, to be formed	₩ other (pleas Joint V	
Actual or Estimated Date of Incorp Jurisdiction of Incorporation or Ore	Month 0 5 oration or Organization: ganization: (Enter two-letter U.S. Postal		☑ Estimated ate:
•	ČN for Canada; FN for other		<u> </u>

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			A. BASIC IDENT	FICATION DATA		
2. E	nter the information re	quested for the f				
•	Each promoter of the	e issuer, if the is	suer has been organized	within the past five yea	ırs;	
•	Each beneficial own securities of the issu		wer to vote or dispose, o	or direct the vote or dispo	osition of, 10%	or more of a class of equity
•	Each executive office	er and director of	corporate issuers and of	corporate general and m	anaging partners	s of partnership issuers; and
•	Each general and ma	anaging partner o	of partnership issuers.			
Checl	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	X Executive Officer	☑ Director	☐ General and/or Managing Partner
	Name (Last name first, MMERMAN, C. E	•				
Busin Ca r	ness or Residence Add mpbell Centre	ress (Number an	d Street, City, State, Zip 0, 8150 N. Ce	Code) ntral Express	way, DAll	as, TX 75206
Ched	k Box(es) that Apply:	□ Ризнотег	🖸 Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
300000000000000000000000000000000000000	Name (Last name first ST , RANDAL T.					
			d Street, City, State, Zip 0 8150 N. Cen	Code) tral Expreswa	y, DAllas	, TX 75206
Check	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	XXGeneral and/or Managing Partner x
	Name (Last name first, GNA RESOURCES	,	'ION			Venturer
Busin	iess or Residence Add	ress (Number an	d Street, City, State, Zip	Code)	n 2 1 1	- my 75306
Car		"4 ~ ^				
3277777777777				ntral Express		as, IA /5200
3277777777777	mpbell Centre k Box(es) (hat Apply:			☐ Executive Officer		☐ General and/or Managing Partner
Checl		☐ Promoter		00000000000000000000000000000000000000		☐ General and/or
Check Full A	k Box(es) that Apply: Name (Last name first,	☐ Promoter If individual)		☐ Executive Officer		☐ General and/or
Check Full b Busin	k Box(es) that Apply: Name (Last name first,	☐ Promoter If individual)	☐ Beneficial Owner	☐ Executive Officer		☐ General and/or
Full P Busin	k Box(es) that Apply: Name (Last name first, less or Residence Add	☐ Promoter If individual) ress (Number an	☐ Beneficial Owner	☐ Executive Officer > Code)	□ Director	☐ General and/or Managing Partner ☐ General and/or
Full P Busin Check	Name (Last name first, less or Residence Addik Box(es) that Apply:	☐ Promoter if individual) ress (Number an ☐ Promoter if individual)	☐ Beneficial Owner	Executive Officer Code) Executive Officer	□ Director	☐ General and/or Managing Partner ☐ General and/or
Full P Busin Check Full N Busin	Name (Last name first, less or Residence Addik Box(es) that Apply:	☐ Promoter if individual) ress (Number an ☐ Promoter if individual)	☐ Beneficial Owner d Street: City, State, Zip ☐ Beneficial Owner	Executive Officer Code	□ Director	☐ General and/or Managing Partner ☐ General and/or
Entre Part No. 10	Name (Last name first, less or Residence Addition of Residence Add	☐ Promoter if individual) ress (Number an ☐ Promoter if individual) ress (Number an ☐ Promoter	d Street: City, State, Zip Beneficial Owner	Executive Officer Code	□ Director	☐ General and/or Managing Partner ☐ General and/or Managing Partner ☐ General and/or ☐ General and/or
Entit Market Full	Name (Last name first, less or Residence Add Name (Last name first, last name first, last name first, last name first,	☐ Promoter if individual) ress (Number an ☐ Promoter if individual) ress (Number an ☐ Promoter if individual)	d Street: City, State, Zip Beneficial Owner	Executive Officer Executive Officer Code	□ Director	☐ General and/or Managing Partner ☐ General and/or Managing Partner ☐ General and/or ☐ General and/or
Full Marin Check Full Marin Check Full Marin Check Full Marin	Name (Last name first, less or Residence Add Name (Last name first, last name first, last name first, last name first,	☐ Promoter if individual) ress (Number an ☐ Promoter if individual) ress (Number an ☐ Promoter if individual)	☐ Beneficial Owner d Street: City, State, Zip ☐ Beneficial Owner d Street, City, State, Zip ☐ Beneficial Owner	Executive Officer Executive Officer Code	□ Director	☐ General and/or Managing Partner ☐ General and/or Managing Partner ☐ General and/or

Business or Residence Address (Number and Street, City, State, Zip Code)

				D) HAU	UKMAI	IUN ABE	HULOEF	ERING_				Yes	No
1. Has th	ne issuer so	ld, or does	s the issue	r intend to	sell, to no	on-accredi	ted investo	ors in this	offering?.				
			Ans	wer also i	n Append	ix, Colum	n 2, if filir	ig under U	LOE.				
2. What	is the mini	mum inve	stment tha	t will be a	ccepted fr	om any in	dividual?					<u>\$ 71</u>	87.5
	3. Does the offering permit joint ownership of a single unit?								Yes	No □			
sion or to be I list the	the informar similar resisted is an a name of the ler, you ma	muneration associated he broker	n for solicit person or or dealer.	ation of pu agent of a If more th	irchasers in broker or an five (5)	n connection dealer reg	on with sall gistered with o be listed	es of secur th the SE	ities in the C and/or v	offering. I with a state	If a person or states	n 5,	
Full Name	(Last name	first, if in	idividual)								<u>-</u>		
Business or	Residence	Address	(Number a	ind Street,	City, Stat	e, Zip Coo	le)						
Name of As	ssociated E	roker or I	Dealer										
States in W (Check "	hich Perso All States"					cit Purcha	sers	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	M)]
[MI]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	.]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	.]
full Name				1.0.	O't Gu	7: 0	1.						
Business or	Residence	Address	(Number a	nd Street,	City, Stat	e, Zip Coo	ie)		······				
Name of As	ssociated B	roker or I	Dealer										
States in W	hich Perso All States"						sers		4 * * * * * * * * * * * * * * * * * * *			□ Δ1	
(Check A			٠,								******		States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
[AL]	[IN]	[IA]	[KS]	[CA] [KY]	[CO] [LA]	[ME]	[DE] [MD]	[MA]	[MI]	[MN]	[HI] [MS]	[ID [MG]])]
[AL] [IL] [MI]									[MI] [OH]	[MN] [OK]	[HI] [MS] [OR]	[ID] [MC] [PA] [] .]
[AL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[HI] [MS]	[ID [MG]])] .]
[AL] [IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[HI] [MS] [OR]	[ID] [MC] [PA])] .]
[AL] [IL] [MI]	[IN] [NE] [SC] (Last name	[IA] [NV] [SD] first, if in	[KS] [NH] [TN] dividual)	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[HI] [MS] [OR]	[ID] [MC] [PA])] .]
[AL] [IL] [MI] [RI] Full Name ([IN] [NE] [SC] (Last name	(IA) [NV] [SD] first, if in	[KS] [NH] [TN] dividual) (Number a	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[HI] [MS] [OR]	[ID] [MC] [PA])] .]
[AL] [IL] [MI] [RI] Full Name (Business or Name of As	[IN] [NE] [SC] [Last name Residence ssociated B	[IA] [NV] [SD] first, if in Address Froker or I	[KS] [NH] [TN] dividual) (Number a	[KY] [NJ] [TX] and Street,	[LA] [NM] [UT] City, State	[ME] [NY] [VT] e, Zip Coo	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[HI] [MS] [OR]	[ID [MK [PA]
[AL] [IL] [MI] [RI] Full Name (Business or Name of As States in W (Check "A	[IN] [NE] [SC] [Last name Residence ssociated B hich Perso All States"	[IA] [NV] [SD] first, if in Address Froker or I In Listed H or check	[KS] [NH] [TN] dividual) (Number a	[KY] [NJ] [TX] and Street, ed or Inter States)	[LA] [NM] [UT] City, State	[ME] [NY] [VT] e, Zip Coo	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] (MC [PA [PR]]]
[AL] [IL] [MI] [RI] Full Name (Business or Name of As States in W (Check "A	[IN] [NE] [SC] [Last name Residence ssociated B hich Perso All States" [AK]	[IA] [NV] [SD] first, if in Address Froker or I In Listed H or check [AZ]	[KS] [NH] [TN] dividual) (Number a Dealer [As Solicite individual [AR]	[KY] [NJ] [TX] and Street, ed or Inter States) [CA]	[LA] [NM] [UT] City, State ods to Soli	[ME] [NY] [VT] e, Zip Coo	[MD] [NC] [VA] de)	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MK] [PA] [PR]	States
[AL] [IL] [MI] [RI] Full Name (Business or Name of As States in W (Check "A	[IN] [NE] [SC] [Last name Residence ssociated B hich Perso All States"	[IA] [NV] [SD] first, if in Address Froker or I In Listed H or check	[KS] [NH] [TN] dividual) (Number a	[KY] [NJ] [TX] and Street, ed or Inter States)	[LA] [NM] [UT] City, State	[ME] [NY] [VT] e, Zip Coo	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] (MC [PA [PR	States

1	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	,	
	Type of Security	Aggregate Offering Price	Amount Airead Sold
	Debt	\$	\$
	Equity	\$	\$
		, , , , , , , , , , , , , , , , , , , ,	•
	Convertible Securities (including warrants)	\$	<u> </u>
	Partnership Interests		_ \$
	Other (Specify Joint Venture Interests		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	÷	
		Number Investors	Aggregate Dollar Amour of Purchases
	Accredited Investors		_ \$
	Non-accredited Investors.		<u> </u>
	Total (for filings under Rule 504 only)		<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	T: == of	Dollar Amoun
	Type of offering	Type of Security	Sold
	Rule 505	·	<u> </u>
	Regulation A		_ \$
	Rule 504	·	<u> </u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	••••••	⊠ \$
	Printing and Engraving Costs		⊠ \$
	Legal Fees		⊠ \$
	Accounting Fees	: 	⊠ \$
	Engineering Fees		⊠ \$

 \boxtimes

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 \boxtimes

51,750.

51,750.

Sales Commissions (specify finders' fees separately).....

Other Expenses (identify) Organizational Expenses

	tion 1 and total expenses furnished in respons "adjusted gross proceeds to the issuer."				§ 4 65,750.
	Indicate below the amount of the adjusted groused for each of the purposes shown. If the arestimate and check the box to the left of the estitute adjusted gross proceeds to the issuer set for	mount for any purpose is not known, furnislimate. The total of the payments listed must e	ı an qual	Payments to Officers, Directors, &	Payments To
	Managing	Wenturer Foo		Affiliates	Others
	Salaries and fees managing	Venturer Fee	⊠\$_	5,175.00	⊠\$
	Purchase of real estate		⊠\$_		⊠\$
	Purchase, rental or leasing and iunstallar	tion of machinery and equipment	⊠ §		⊠ \$
	Construction or leasing of plant building	gs and facitlities	⊠ §		⊠\$
	offering that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another	⊠ş		⊠\$
			⊠ \$		⊠\$
	Working capital		⊠ \$		⊠\$
	Other (specify): Drilling and and/or gas v	testing of one oil well.	⊠\$		⊠\$ <u>460,575</u>
			⊠ş		⊠ \$
			⊠ \$	5 ,175.00	⊠ \$ 460,575
	Total Payments Listed (column totals ac	ided)		X \$ 46	5,750
		D. FEDERAL SIGNATURE			
ollov	ssuer has duly caused this notice to be signed lying signature constitutes an undertaking by the of its staff, the information furnished by the information furni	e issuer to furnish to the U.S. Securities and	Excha	nge Commissio	n, upon written re-
ssue	(Print or Type) Magna Resources rookshire Dome ## Jt. Vent	Signature		Date	2/03
	e of Signer (Print or Type) E. Zimmerman	Title of Signer (Print or Type) President, Magna Resour	ces	Corporat	tion, Manag

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions	Yes	No	
	of such rule?		ХX	
	See Appendix, Column 5, for state response.		21	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	Signature	Date
Magna Resources Brookshire Dome	#Jt. Venture	
Name (Print or Type)	Title (Print or Type)	-
C. E. Zimmerman	President, Magna Resources Co	rporation, Managin
		** .

Venturer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5
	to non-a investor	to sell ccredited s in State -Item1)	Type of security and aggregate offering price offered in State (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
			Jt. Venture			Number of Non-Accredited			
State	Yes	No	Interests	Investors	Amount	Investors	Amount	Yes	No
AL		<u> </u>							
AK								-	
AZ	X		\$517,500						X
AR	<u> </u>								
CA	- x		517,500						X
со	X		517,500 517,500					<u> </u>	X
СТ	X		517,500						X
DE							····	ļ	
DC									
FL	-X		517,500						X
GA	X		517,500		·		-		Х
н									,
_ID									
IL	Х		517,500						Х
IN			∢						
IA					-	,			
KS									
KY									
LA									
ME									
MD	x		517,500						х
MA			311,300		······································				
МІ	Х		517,500	,					X
MN			·	, , , , , , , , , , , , , , , , , , ,					
MS									
	••		E47 500						x
MO	<u> </u>	I	517,500						1 ^

APPENDIX

1		2	3			4			5	
	to non-a	I to sell ccredited s in State I-Item1)	Type of security and aggregate offering price offered in State (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
G	T ,		Jt. Venture Interests	Number of Accredited		Number of Non-Accredited				
State	Yes	No	Interests	Investors	Amount	Investors	Amount	Yes	No	
MT										
NE			F47 F00						x	
NV	Х		517,500							
NH				· · · · · · · · · · · · · · · · · · ·						
NJ	Х		517,500						X	
NM			545 500						x	
NY	X		517m500						A	
NC										
ND		· .						_	_	
OH	X		517,500	 					X	
OK							<u></u>			
OR	Х		517,500	 					X	
PA										
RI										
SC			<	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
SD										
TN										
TX	X		517,500						X	
UT				·					ļ	
VT										
VA							····			
WA	Х		515,500						X	
wv										
WI										
WY										
PR		<u></u>					· · · · · · · · · · · · · · · · · · ·			