

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive officer Director General and/or Managing Partner

Full Name (Last Name first, if individual)

Tri-Valley Corporation

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

5555 Business Park South, Suite 200, Bakersfield, CA 93309

Check Box(es) that Apply: Promoter Beneficial Owner Executive officer Director General and/or Managing Partner

Full Name (Last Name first, if individual)

Blystone, F. Lynn

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

5555 Business Park South, Suite 200, Bakersfield, CA 93309

Check Box(es) that Apply: Promoter Beneficial Owner Executive officer Director General and/or Managing Partner

Full Name (Last Name first, if individual)

Cunningham, Thomas J.

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

5555 Business Park South, Suite 200, Bakersfield, CA 93309

Check Box(es) that Apply: Promoter Beneficial Owner Executive officer Director General and/or Managing Partner

Full Name (Last Name first, if individual)

Lockhart, Dennis P.

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

5555 Business Park South, Suite 200, Bakersfield, CA 93309

Check Box(es) that Apply: Promoter Beneficial Owner Executive officer Director General and/or Managing Partner

Full Name (Last Name first, if individual)

Carlson, Milton J.

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

5555 Business Park South, Suite 200, Bakersfield, CA 93309

Check Box(es) that Apply: Promoter Beneficial Owner Executive officer Director General and/or Managing Partner

Full Name (Last Name first, if individual)

Miller, Loren J.

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

5555 Business Park South, Suite 200, Bakersfield, CA 93309

Check Box(es) that Apply: Promoter Beneficial Owner Executive officer Director General and/or Managing Partner

Full Name (Last Name first, if individual)

Hoffman, C. Chase

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

5555 Business Park South, Suite 200, Bakersfield, CA 93309

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A. BASIC IDENTIFICATION DATA - CONTINUATION PAGE

Check Box(es) that Apply: Promoter Beneficial Owner Executive officer Director General and/or
Managing Partner

Full Name (Last Name first, if individual)

Noyes, Harold J.

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

5555 Business Park South, Suite 200, Bakersfield, CA 93309

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? No minimum

3. Does the offering permit joint ownership of a single unit?

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if Individual)

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

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All 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] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if Individual)

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

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All 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] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if Individual)

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

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

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[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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 and indicate the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ _____	\$ _____
Equity	\$ _____	\$ _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$ _____	\$ _____
Partnership Interests	\$ 100,000,000	\$ _____
Other (specify) _____	\$ _____	\$ _____
Total	\$ 100,000,000	\$ _____

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 the answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchase
Accredited Investors	\$ _____	\$ _____
Non-accredited Investors	\$ _____	\$ _____
Total (for filings under Rule 504 only)	\$ _____	\$ _____

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.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	\$ _____	\$ _____
<u>Regulation A</u>	\$ _____	\$ _____
Rule 504	\$ _____	\$ _____
Total	\$ _____	\$ _____

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	<input type="checkbox"/>	\$ _____
Printing and Engraving Costs	<input type="checkbox"/>	\$ _____
Legal Fees	<input type="checkbox"/>	\$ _____
Accounting Fees	<input type="checkbox"/>	\$ _____
Engineering Fees	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/>	\$ _____
Other Expenses (specify) <u>May pay finders' fees up to 12%</u>	<input checked="" type="checkbox"/>	\$ 12,000,000
Total	<input type="checkbox"/>	\$ _____

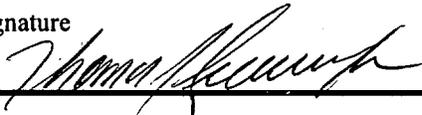
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such state?..... Yes No

See Appendix, Column 5 for state response.

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.

Issuer (Print or Type) TVC Opus I Drilling Program LP	Signature 	Date 06/07/02
Name of Signer (Print or Type) Thomas J. Cunningham	Title of Signer (Print or Type) Chief Financial Officer	

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.

