

<b>Meter Station No.</b> _____
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**NGL GAS REPORT**

FOR MONTH OF \_\_\_\_\_, YEAR: \_\_\_\_\_

25CFR 226 - LESSEE SHALL FURNISH CERTIFIED MONTHLY REPORTS BY THE 25<sup>TH</sup> OF EACH MONTH COVERING ALL OPERATIONS, WHETHER THERE HAS BEEN PRODUCTION OR NOT.

U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF INDIAN AFFAIRS  
OSAGE AGENCY  
813 Grandview, P.O. Box 1539  
Pawhuska, Oklahoma, 74056  
(918) 287-5740 FAX: (918) 287-5786

**LESSEE ID NO.:** \_\_\_\_\_

Lessee Name: \_\_\_\_\_ Current Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NGL purchaser: \_\_\_\_\_ Purpose: Domestic / Sales / Other (CIRCLE ONE)

Location of meter: \_\_\_\_\_ BTU adjustment: \_\_\_\_\_

**PLANT LOCATION DESCRIPTION**

Osage Contract Number	¼	SEC	TWP	RGE	Royalty Rate	Type of Gas <sup>1</sup>	Royalty Amount (Dollars)	Gallons NOT SOLD	Unit price - price per gallon	Gallon NGL produced	Days Produced	No. of wells produced <sup>1</sup>	Date last produced MO/DY/YR

<sup>1</sup>Number of wells actually in operation this month.

**I CERTIFY THAT THE FOREGOING REPORT IS TRUE AND CORRECT.**

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Telephone Number

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