Osage Form 139
Revised May 2013

OMB Control No. 1076-XXXX
Expires: XX/XX/XXX

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

Date _____

APPLICATION FOR OPERATION OF REPORT ON WELLS

_____
(Commencement money paid to whom) (Date) (Amount)

Well No. _____ is located _____ ft. from N / S (CIRCLE ONE) line and _____ ft. from E / W (CIRCLE ONE) line

_____ _____ _____ Osage Co., Oklahoma
(1/4 Section & Section No.) (Township) (Range)

The elevation of the [surface / derrick floor] above sea level is _____ ft. Latitude_____ & Longitude _____

USE THIS SIDE TO REQUEST AUTHORITY FOR WORK (Three copies required)	USE THIS SIDE TO REPORT COMPLETED WORK (One copy required)
Notice of intention to: Drill ( ) Plug ($15 fee required) ( ) Deepen or plug back ( ) Convert ( ) Pull or alter casing ( ) Formation Treatment ( ) Other ( )	Character of well (oil, gas or dry)_____ Subsequent report of: Conversion ( ) Formation Treatment ( ) Altering Casing ( ) Plugging Back ( ) Plugging ( )
Details of Work Drilling application will state proposed TD & Horizons to be tested. Show size and length of casings to be used. Indicate proposed mudding, cementing and other work. Plugging applications shall set forth reasons for plugging & detailed statement of proposed work. Plugging will not commence until 10 days following approval date unless authority granted for earlier commencement. A $15.00 plugging fee is also required with each application to plug. Well production prior to work _____ bbls oil _____bbls wtr/24 hrs	Details of Work & Results Obtained Work commenced _____ 20_____ Work completed _____ 20 ____ (Continue on reverse side if needed)
T.D. _____ B.H.L. (if applicable)_____ Zone:_____ Casing Plan:	_____ This block for plugging information only CASING RECORD

Size	In hole when started	Amount recovered	If parted	
			Depth	How

ORIGINAL TOTAL DEPTH

_____

I understand that this plan of work must receive approval in writing of the BIA Osage Agency before operations may be commenced.
Lessee:_____
Signature:_____
Title:_____
Address:_____
Telephone:_____

Lessee: _____
By:_____
Signature
Subscribed and sworn to before me this day ____ of _____ 20____
My commission expires:_____ _____
Notary public

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