

OSAGE FORM NO. 133

ast(white)

OIL LESSEE'S REPORT FOR MONTH OF _____ YEAR _____

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF INDIAN AFFAIRS
 SUPERINTENDENT, OSAGE AGENCY
 BRANCH OF MINERALS
 813 GRANDVIEW/POB 1539
 PAWHUSKA, OK 74056
 (918) 287-5740 FAX(918) 287-5784

CFR 226.26 - LESSEE SHALL FURNISH CERTIFIED MONTHLY REPORTS BY THE END OF EACH MONTH COVERING ALL OPERATIONS, WHETHER THERE HAS BEEN PRODUCTION OR NOT.

LESSEE ID# _____

LESSEE NAME _____ CURRENT PHONE# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LEGAL DESCRIPTION

OSAGE CONTRACT # DIVISION ORDER # (2)	1/4	SEC.	TWP	RGE	PURCHASER (ROYALTY PAID BY)	BBLs. OIL SOLD	ROYALTY RATE	ROYALTY AMOUNT (dollars)	BBLs OIL PRODUCED	# WELLS PRODUCED (1)	DAYS PRODUCED	DATE LAST PRODUCED MO/DY/YR

(1) NUMBER OF OIL WELLS ACTUALLY IN OPERATION THIS MONTH.
 (2) OIL PURCHASER DIVISION ORDER NUMBER

I CERTIFY THE FOREGOING REPORT IS TRUE AND CORRECT.

 SIGNATURE AND TITLE

 TELEPHONE NUMBER

OSAGE FORM NO. 157

ast(blue)

FOR CONSOLIDATED LEASES ONLY

OIL LESSEE'S REPORT FOR MONTH OF _____ YEAR _____

UNITED STATES
 DEPARTMENT OF THE INTERIOR
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 SUPERINTENDENT, OSAGE AGENCY
 BRANCH OF MINERALS
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LESSEE ID# _____

LESSEE NAME _____ CURRENT PHONE# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LEGAL DESCRIPTION

OSAGE CONTRACT# DIVISION ORDER #(4)	1/4	SEC	TWP	RGE	PURCHASER (ROYALTY PAID BY)	BBLs. OIL SOLD (1) (3)	ROYALTY RATE	ROYALTY AMOUNT (dollars) (1) (3)	BBLs OIL PRODUCED (1) (3)	# WELLS PRO-DUCED (2)	DAYS PRO-DUCED	DATE LAST PRODUCED MO/DY/YR

- (1) OIL AND ROYALTY FROM EACH QUARTER SECTION OF CONSOLIDATION MUST BE ACCOUNTED FOR SEPARATELY
- (2) NUMBER OF OIL WELLS ACTUALLY IN OPERATION THIS MONTH.
- (3) COLUMN IS TO BE TOTALED FOR EACH CONSOLIDATION
- (4) OIL PURCHASER DIVISION ORDER NUMBER

I CERTIFY THE FOREGOING REPORT IS TRUE AND CORRECT.

SIGNATURE AND TITLE

TELEPHONE NUMBER

FOR WATERFLOOD LEASES ONLY (1)

OIL LESSEE'S REPORT FOR MONTH OF _____ YEAR _____

UNITED STATES
 DEPARTMENT OF THE INTERIOR
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 SUPERINTENDENT, OSAGE AGENCY
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LESSEE ID# _____

LESSEE NAME _____ CURRENT PHONE# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LEGAL DESCRIPTION

OSAGE CONTRACT # DIVISION ORDER #(5)	(2) ¼	UNIT SEC.	NAME TWP RGE		PURCHASER (ROYALTY PAID BY)	BBLS. OIL SOLD	ROYALTY RATE (3)	ROYALTY AMOUNT (dollars)	BBLS OIL PRODUCED	# WELLS PRO- DUCED (4)	DAYS PRO- DUCED	DATE LAST PRODUCED MO/DY/YR

- (1) This form is completed on leases approved for waterflood units by The Osage Minerals Council.
- (2) Information must include name of waterflood unit and indicate the specific quarter section oil is posted to on Agency computer (Legal description can be obtained from Branch of Minerals, 918-287-5740).
- (3) If different royalty rates apply – specify rate and amount at each rate.
- (4) Number of oil wells actually in operation this month.
- (5) Oil Purchaser Division Order Number.

I CERTIFY THE FOREGOING REPORT IS TRUE AND CORRECT.

SIGNATURE AND TITLE

TELEPHONE NUMBER

METER STATION NO: _____

DRY GAS REPORT FOR MONTH OF _____, YEAR: _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
TO SUPERINTENDENT, OSAGE AGENCY
BRANCH OF MINERALS
813 GRANDVIEW
P. O. BOX 1539
PAWHUSKA, OK 74056
(918) 287-5740 FAX(918) 287-5784

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LESSEE ID NO: _____

LESSEE NAME: _____ CURRENT PHONE NO: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GAS PURCHASER: _____ PURPOSE: DOMESTIC/SALES/OTHER (CIRCLE ONE)

LOCATION OF METER: _____ BTU ADJUSTMENT: _____

LEASE DESCRIPTION

OSAGE CONTRACT NUMBER	¼	SEC	TWP	RGE	ROYALTY RATE	TYPE OF GAS (1)	ROYALTY AMOUNT	MCF	UNIT PRICE PAID PER/MCF	PRICE PAID PER MMBTU	NO. OF WELLS PRODUCED	DATE LAST PRODUCED MO/DY/YR

(1) USE: CHG (CASINGHEAD); NG - NATURAL GAS (GAS WELL GAS); CBM - COAL BED METHANE
2. CONSOLIDATED GAS LEASES - PRODUCTION FROM EACH QUARTER SECTION OF CONSOLIDATION MUST BE ACCOUNTED FOR SEPARATELY AND COLUMN IS TO BE TOTALED FOR EACH CONSOLIDATION.

I CERTIFY THAT THE FOREGOING REPORT IS TRUE AND CORRECT.

SIGNATURE AND TITLE

TELEPHONE NUMBER

METER STATION NO: _____

NGL GAS REPORT FOR MONTH OF _____, YEAR: _____

UNITED STATES
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BUREAU OF INDIAN AFFAIRS
TO SUPERINTENDENT, OSAGE AGENCY
BRANCH OF MINERALS
813 GRANDVIEW
P. O. BOX 1539
PAWHUSKA, OK 74056
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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 (1)	ROYALTY AMOUNT (Dollars)	Gallons NGL SOLD	UNIT PRICE Price per Gallon	GALLON NGL PRO-DUCED	DAYS PRO-DUCED	NO. OF WELLS PRO-DUCED (1)	DATE LAST PRODUCED MO/DY/YR

1. 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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