OSAGE FORM NO. 133
ast(white)

OIL LESSEE'S REPORT FOR MONTH OF _____ YEAR_____

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.

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

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 PRO-DUCED (1)	DAYS PRO-DUCED	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
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 #(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**
_____												
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(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

OSAGE FORM NO. 300
ast(pink)

FOR WATERFLOOD LEASES ONLY **(1)**

OIL LESSEE'S REPORT FOR MONTH OF _____ YEAR_____

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

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

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**
_____												
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_____												
_____												
_____												

(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

OSAGE FORM NO. 101
(green)

METER STATION NO: _____

DRY GAS REPORT FOR MONTH OF _____, YEAR: _____

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

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

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 PRO-DUCED	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 NUMBE

OSAGE FORM NO. 101-A
(yellow)

METER STATION NO: _____

NGL GAS REPORT FOR MONTH OF _____, YEAR: _____

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

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
(918) 287-5740 FAX(918) 287-5784

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

Paperwork Reduction Act (PRA) Statement: This information is collected to meet reporting requirements and is subject to the PRA. An agency may not request nor sponsor, and a person need not answer a request for information that does not display a valid OMB control no. A response to this request is required to obtain a benefit. The public reporting burden for this form is estimated to average 30 minutes, including the time for reviewing the instructions, gathering and maintaining data, and completing and reviewing the form. Send comments on the burden estimate or any other aspect of this form to Information Collection Clearance Officer–Indian Affairs, 1849 C Street, NW, MS-3642, Washington, DC 20240.