ast(white)

LECCEE MAME

OIL LESSEE'S REPORT FOR MONTH	OII	I FSSFF'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#
------------

CURRENT BUONE#

LESSEE NAM	1E							CURRENT PI	HONE#			<del></del>
ADDRESS												
CITY						STATE	Ξ		Z	ZIP		
	LE	GAL I	DESCF	RIPTIC	N							
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 O	(1) NUMBER OF OIL WELLS ACTUALLY IN OPERATION THIS MONTH. (2) OIL PURCHASER DIVISION ORDER NUMBER											
I CERTIFY T	THE F	OREGO	OING R	EPORT	IS TRUE A	ND CORRECT	г.					
SIGN	ATURE	AND TIT	LE				TELE	PHONE NUMBE	ER			

SIGNATURE AND TITLE

## FOR CONSOLIDATED LEASES ONLY

					FUR CU	NSULIDAI	<u>EU LEA</u>	<u>SES UNL 1</u>	<u>L</u>			
OIL LESSEE	'S RE	PORT F	OR MO	ONTH (	OF				YEAR			
UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF INDIAN AFFAIRS SUPERINTENDENT, OSAGE AGENCY BRANCH OF MINERALS 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 NA	ME						CU	RRENT PHO	NE#			
ADDRESS_												
CITY	I EC	GAL D	ESCI	DIDTI	ON		STATE			ZIP		
OSAGE CONTRACT # DIVISION ORDER #(4)	1/4	SEC 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
(2) NUMBER O (3) COLUMN IS (4) OIL PURCH	F OIL W S TO BE IASER D	VELLS AG TOTALE DIVISION	CTUALL ED FOR E ORDER	Y IN OPE EACH CO NUMBE	ERATION THI ONSOLIDATIC ER			ACCOUNTED FC	OR SEPARATELY			

TELEPHONE NUMBER

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 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	CUR	RENT PHONE#	
ADDRESS			
CITY	STATE	ZIP	

## LEGAL DESCRIPTION

		TOAL D	LUCITI	1 110	1							
OSAGE CONTRACT#	(2)	UNIT	NAME		PURCHASER (ROYALTY	BBLS. OIL SOLD	ROYALTY RATE	ROYALTY AMOUNT	BBLS OIL PRODUCED	# WELLS PRO-	DAYS PRO-	DATE LAST
DIVISION ORDER # <b>(5)</b>	1/4	SEC.	TWP	RGE	PAID BY)	3022	(3)	(dollars)	PRODUCED	DUCED (4)	DUCED	PRODUCED MO/DY/YR

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

I CERTIFY THE FOREGOING REPORT IS TRUE AND CORRECT.		
SIGNATURE AND TITLE	TELEPHONE NUMBER	_

(green)

(green)	METER STATION NO:												
DR	Y GAS	REPOF	RT FOR	MONT	H OF				_, YEAR:				
CFR 226.26 CERTIFIED THE END C ALL OPER HAS BEEN	– LESS MON DF EACI	SEE SHA THLY I H MONT S, WHE	ALL FUI REPORT TH COVE	RNISH S BY ERING	DEPAI BUR TO SUPER B	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF INDIAN AFFAIRS O SUPERINTENDENT, OSAGE AGENCY BRANCH OF MINERALS 813 GRANDVIEW P. O. BOX 1539 PAWHUSKA, OK 74056 (918) 287-5740 FAX(918) 287-5784							
					LESS	EE ID N	<b>O</b> :						
LESSEE NAME: CURRENT PHO									IONE NO:				
ADDRESS:					CIT	Y:		STAT	E:	ZIP:			
GAS PURCHASER:PURPOSE: DOMESTIC/SALES/OTHER (CIRCLE ONE)										LE ONE)			
LOCATION			ESCRII					BTU ADJI	USTMENT: _				
OSAGE CONTRACT NUMBER	1/4	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	
2. CONSOLII SEPARATELY	(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.												

TELEPHONE NUMBE

SIGNATURE AND TITLE

(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 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												
					LES	SSEE ID	NO:								
LESSEE NAME:							(	CURRENT	PHONE NO	D:					
ADDRESS:				CI	ГҮ:		ST.	ATE:	Z	IP:					
NGL PURCHASER:						PURPOSE: DOMESTIC/SALES/OTHER (CIRCLE ONE)									
					PTION										
OSAGE CONTRACT NUMBER	1/4	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 O							I.						<u>I</u>		

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.