OMB Control No. 1076-0180
Expiration Date xx/xx/xxxx

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

OMB Control No. 1076-0180
Expiration Date xx/xx/xxxx

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**
_____												
_____												
_____												
_____												
_____												
_____												
_____												

OMB Control No. 1076-0180
Expiration Date xx/xx/xxxx

_____												
_____												

(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
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 #**(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**
_____												
_____												
_____												
_____												
_____												

OMB Control No. 1076-0180
Expiration Date xx/xx/xxxx

_____												
_____												
_____												
_____												
_____												

(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: _____

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

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 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**

OMB Control No. 1076-0180
Expiration Date xx/xx/xxxx

(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: _____

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

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 NO: _____

LESSEE NAME:_____ CURRENT PHONE NO: _____

ADDRESS: _____CITY: _____ STATE: _____ ZIP: _____

NGL PURCHASER:_____PURPOSE: DOMESTIC/SALES/OTHER (CIRCLE ONE)

OMB Control No. 1076-0180
Expiration Date xx/xx/xxxx

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 Statement: We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to ensure appropriate royalties to owners are paid. Your response is voluntary and we will not share the results publicly. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB Control Number. OMB has reviewed and approved this survey and assigned OMB Control Number 1076-0180, which expires ##/##/####.

Estimated Burden Statement: We estimate the form will take you 30 minutes to complete, including time to read instructions, gather information, and complete and submit the form. You may submit comments on any aspect of this information collection to the Information Collection Clearance Officer, Office of Regulatory Affairs & Collaborative Action—Indian Affairs (RACA), U.S. Department of the Interior, 1001 Indian School Road NW, Suite 229, Albuquerque, NM 87104.