OSAGE FORM NO. 101

METER STATION NO: _______________________

DRY GAS REPORT FOR MONTH OF ____________, YEAR: ____________

CFR 226.13 – LESSEE SHALL FURNISH CERTIFIED MONTHLY REPORTS BY THE 25TH OF EACH MONTH COVERING ALL OPERATIONS, WHETHER THERE HAS BEEN PRODUCTION OR NOT.

TO SUPERINTENDENT, OSAGE AGENCY
BRANCH OF MINERALS
813 GRANDVIEW
P. O. BOX 1539
PAWHUSKA, OK 74056
(918) 287-5740 FAX NO. (918) 287-5786

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

<table>
<thead>
<tr>
<th>OSAGE CONTRACT NUMBER (2)</th>
<th>¼</th>
<th>SEC</th>
<th>TWP</th>
<th>RGE</th>
<th>ROYALTY RATE</th>
<th>TYPE OF GAS (1)</th>
<th>Royalty Amount</th>
<th>MCF</th>
<th>UNIT PRICE PAID PER/MCF</th>
<th>PRICE PAID PER MMBTU</th>
<th>NO. OF WELLS PRODUCED</th>
<th>DATE LAST PRODUCED NO/DY/YR</th>
</tr>
</thead>
</table>

TOTAL

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.

_____________________________ DATE CERTIFIED

SIGNATURE AND TITLE