OSAGE FORM NO. 133

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

LESSEE ID#

LESSEE NAME____________________________________ CURRENT PHONE#____________________

ADDRESS______________________________________________________________________________

CITY________________________ STATE________________ ZIP__________________________

LEGAL DESCRIPTION

<table>
<thead>
<tr>
<th>OSAGE CONTRACT #</th>
<th>DIVISION ORDER #(2)</th>
<th>1/4</th>
<th>SEC.</th>
<th>TWP</th>
<th>RGE</th>
<th>PURCHASER (ROYALTY PAID BY)</th>
<th>BBLs. OIL SOLD</th>
<th>ROYALTY RATE</th>
<th>ROYALTY AMOUNT (dollars)</th>
<th>BBLs OIL PRODUCED</th>
<th># WELLS PRODUCED (1)</th>
<th>DAYS PRODUCED</th>
<th>DATE LAST PRODUCED M/D/Y/YR</th>
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(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

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.
OSAGE FORM NO. 157

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

LESSEE ID#________________

LESSEE NAME______________________________________________________
CURRENT PHONE#____________________________________________________

ADDRESS___________________________________________________________________________________________

CITY_________________ STATE_________________ ZIP_________________

LEGAL DESCRIPTION

<table>
<thead>
<tr>
<th>OSAGE CONTRACT #</th>
<th>DIVISION ORDER #(4)</th>
<th>1/4</th>
<th>SEC</th>
<th>TWP</th>
<th>RGE</th>
<th>PURCHASER (ROYALTY PAID BY)</th>
<th>BBLs. OIL SOLD (1) (3)</th>
<th>ROYALTY RATE</th>
<th>ROYALTY AMOUNT (dollars) (1) (3)</th>
<th>BBLs OIL PRODUCED (1) (3)</th>
<th># WELLS PRODUCED (2)</th>
<th>DAYS PRODUCED</th>
<th>DATE LAST PRODUCED MO/DY/YR</th>
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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

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.
OSAGE FORM NO. 300

FOR WATERFLOOD LEASES ONLY (1)

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

LESSEE ID#______________

LESSEE NAME__________________________________________ CURRENT PHONE#__________________________________

ADDRESS_________________________________________________________________________________________

CITY________________________________________________________ STATE________________________________________ ZIP______________________________

<table>
<thead>
<tr>
<th>OSAGE CONTRACT #</th>
<th>UNIT</th>
<th>NAME</th>
<th>PURCHASER (ROYALTY PAID BY)</th>
<th>BBLS. OIL SOLD</th>
<th>ROYALTY RATE (3)</th>
<th>ROYALTY AMOUNT (dollars)</th>
<th>BBLS OIL PRODUCED</th>
<th># WELLS PRODUCED (4)</th>
<th>DAYS PRODUCED</th>
<th>DATE LAST PRODUCED MO/DY/YR</th>
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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

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

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</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 MO/DY/YR</th>
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(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

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

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

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<tr>
<th>OSAGE CONTRACT NUMBER</th>
<th>¼ SEC</th>
<th>TWP</th>
<th>RGE</th>
<th>ROYALTY RATE</th>
<th>TYPE OF GAS (1)</th>
<th>ROYALTY AMOUNT (Dollars)</th>
<th>Gallons NGL SOLD</th>
<th>UNIT PRICE Price per Gallon</th>
<th>GALLON NGL PRODUCED</th>
<th>DAYS PRODUCED</th>
<th>NO. OF WELLS PRODUCED (1)</th>
<th>DATE LAST PRODUCED MO/DY/YR</th>
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</thead>
</table>

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.