OSAGE FORM NO. 101-A

METER STATION NO: __________________________

NGL 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: __________________________

NGL PURCHASER: __________________________

PURPOSE: DOMESTIC/SALES/OTHER (CIRCLE ONE)

LOCATION OF METER: __________________________

PLANT LOCATION 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</th>
<th>ROYALTY AMOUNT (Dollars)</th>
<th>Gallons NGL SOLD</th>
<th>UNIT PRICE Per Gallon</th>
<th>GALLON NGL PRODUCED</th>
<th>DAYS PRODUCED</th>
<th>NO. OF WELLS PRODUCED (1)</th>
<th>DATE LAST PRODUCED (M/D/Y/Y)</th>
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TOTAL

1. NUMBER OF WELLS ACTUALLY IN OPERATION THIS MONTH.
I CERTIFY THAT THE FOREGOING REPORT IS TRUE AND CORRECT.

______________________________
SIGNATURE AND TITLE

______________________________
DATE CERTIFIED