OSAGE FORM NO. 101

METER STATION NO: __________________________

DRY GAS REPORT FOR MONTH OF ________, YEAR: ____________

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: __________________________

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<tr>
<th>OSAGE CONTRACT NUMBER (2)</th>
<th>%</th>
<th>SEC</th>
<th>TWP</th>
<th>RGE</th>
<th>ROYALTY RATE</th>
<th>TYPE OF GAS (I)</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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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 TOTED FOR EACH CONSOLIDATION.

I CERTIFY THAT THE FOREGOING REPORT IS TRUE AND CORRECT.

_________________________  __________________________
SIGNATURE AND TITLE        DATE CERTIFIED