

**United States
Department of the Interior
Osage Indian Agency
Pawhuska, Oklahoma**

OMB Control No. 1076-0180
Exp. Date: 01/31/2020

Date: _____

Application For the Operation or Report on Wells

(Commencement money paid to whom) _____ (Date) _____ (Amount) _____

Well No.: _____ is located _____ Ft. from N/S line and _____ Ft. from E/W line
Osage County, Oklahoma

(¼ Sec. & Sec. No.) _____ (Twp) _____ (Range) _____

Lat/Long _____ / _____

The elevation of the _____ ground above sea level is _____ Ft.

Use This Side to Request Authority for Work

(One Copy Required)

Notice of Intention To:

- Drill.....
- Plug.....
- Deepen or plug back...
- Convert.....
- Pull or alter casing...
- Formation Treatment...
-

Details of Work

Drilling applications will state proposed TD & horizon to be tested. Show size & length of casing to be used. Indicate proposed mudlogging, cementing & other work.
Plugging applications shall set forth reasons for plugging & detailed statement of proposed work.
Plugging will not commence until 10 days following approval date unless authority granted for earlier commencement.
A \$15.00 plugging fee is also required with each application to plug.

_____ Bbls oil _____ Bbls water in 24 hrs

I understand that this plan of work must receive approval in writing of the Osage Indian Agency before operations may be commenced.

Lessee: _____
Signature: _____
Title: _____
Address: _____

Telephone: _____

Use This Side To Report Completed Work

(One Copy Required)

Character of Well (oil, gas or dry)

- Subsequent Report of: _____
- Conversion.....
 - Formation Treatment.
 - Altering casing.....
 - Plugging Back.....
 - Plugging.....

Details of Work & Results Obtained

Work commenced: _____
Work completed: _____
(Continue on reverse if necessary)

This block for plugging information only

Casing Record

Size	In Hole When Started	Amt. Recovered	If Parted	
			Depth	How

Original TD _____
Lessee: _____

By: _____

Subscribed and sworn to before me this _____ day of _____, 2017.

Notary Public

My Commission Expires : _____