OSAGE FORM NO. 101-A

☐ **Original** OMB Control No. 1076-0180
☐ **Amended** Exp. Date: 12/31/2025

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: _____ BTU ADJUSTMENT: _____

PLANT LOCATION DESCRIPTION

OSAGE CONTRACT NUMBER	¼	SEC	TWP	RGE	ROYALTY RATE	TYPE OF GAS (2)	ROYALTY AMOUNT (Dollars)	Gallons NGL SOLD	UNIT PRICE Price per Gallon	GALLON NGL PRO-DUCED	DAYS PRO-DUCED	NO. OF WELLS PRO-DUCED (1)	DATE LAST PRODUCED **MO/DY/YR**
TOTAL													

1. **NUMBER OF WELLS ACTUALLY IN OPERATION THIS MONTH.**
2. **USE:** NGL-NATURAL GAS LIQUID

I CERTIFY THAT THE FOREGOING REPORT IS TRUE AND CORRECT.

_____ SIGNATURE AND TITLE

_____ DATE CERTIFIED