



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
**OIL AND GAS WELL EXTENDED SHUT-IN
 STATUS APPLICATION**

FOR OFFICE USE ONLY	
DATE RECEIVED	PROCESSED BY
CHECK NUMBER	CHECK AMOUNT

WELL OWNER INFORMATION

NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL	OPERATOR LICENSE NUMBER
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SHUT-IN SPECIFICATIONS

PROPOSED SHUT-IN PERIOD (UP TO ONE YEAR)

Start Date _____ End Date _____

REASON FOR EXTENDED SHUT-IN STATUS

EXTENDED SHUT-IN PLAN (ATTACH A WRITTEN PLAN FOR EACH LEASE WHICH DESCRIBES HOW YOU PROPOSE TO OPERATE, MONITOR OR WINTERIZE THE LEASE AND WELLS WHILE IN EXTENDED SHUT-IN STATUS)

LIST OF WELLS TO BE SHUT-IN (ATTACH A LIST IN THIS FORMAT IF NECESSARY)

API NUMBER	WELL NUMBER	LEASE NAME

METHOD OF PAYMENT

<input type="checkbox"/> Check or Money Order (Please enclose check, payable to Department of Natural Resources, with submitted form.) <input type="checkbox"/> Credit Card (Transaction fee applies.) (Please attach contact information of person authorized to make transaction.) <input type="checkbox"/> Automated Clearing House (Please attach contact information of person authorized to make transaction.)	TOTAL AMOUNT DUE (\$25 x NUMBER OF WELLS) \$ _____
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CERTIFICATION

I, the undersigned, certify that:

- I am authorized to act as the well owner's agent for the submission of this application.
- The information on this application has been reviewed by me and is true, correct and complete to the best of my knowledge.
- I understand this extension, if approved, is not transferable to another party or location.
- I understand that this extension must be renewed before the expiration date in order to comply with shut-in well requirements set forth in the Missouri Code of State Regulations Oil and Gas Council Rule 10 CSR 50-2.060.

NAME (PRINT)	TITLE	COMPANY
TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
SIGNATURE	DATE	

FOR OFFICE USE ONLY

APPROVED SHUT-IN PERIOD

Start Date _____ End Date _____

APPROVED BY _____ DATE _____