



STATE OF MISSOURI
 MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
PLUGGING RECORD

FORM OGC-7

OWNER'S NAME		ADDRESS			
NAME OF LEASE		WELL NUMBER		PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER)	
LOCATION OF WELL SEC TWN RNG OR BLOCK AND SURVEY Sec. ___ Township ___ North Range ___ <input type="checkbox"/> East <input type="checkbox"/> West		LATITUDE	LONGITUDE	COUNTY	
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF:		HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> Yes <input type="checkbox"/> No	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBL/DAY)		GAS (MCF/DAY)
DATE OF ABANDONMENT	TOTAL DEPTH	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBL/DAY)		GAS (MCF/DAY)	
				WATER (BBL/DAY)	

Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment	Fluid content of each formation	Depth interval of each formation	Size, kind, and depth of plugs used, giving amount of cement.

SIZE PIPE	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)	GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)	PACKERS AND SHOES

WAS WELL FILLED WITH MUD-LADEN FLUID? <input type="checkbox"/> Yes <input type="checkbox"/> No	INDICATE DEEPEST FORMATION CONTAINING FRESH WATER
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NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE

NAME	ADDRESS	DIRECTION FROM THIS WELL

METHOD OF DISPOSAL OF MUD PIT CONTENTS	
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NOTE	FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)
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CERTIFICATE I, the undersigned, state that I am the _____ of the _____ (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

SIGNATURE	DATE
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DETAIL OF FORMATIONS PENETRATED

FORMATION	TOP	BOTTOM	DESCRIPTION (SEE * BELOW)

NOTE

* Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open flowing and shut-in pressures, and recoveries.

INSTRUCTIONS

Attach drillers log or other acceptable log of well if available.
 This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.