



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI GEOLOGICAL SURVEY
NOTICE TO CANCEL WELL PERMIT APPLICATION

WELL PERMIT INFORMATION

COMPANY NAME:

API NUMBER:	PERMIT NUMBER:
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WELL NUMBER:

LEASE NAME:

COUNTY:

TO THE STATE OIL AND GAS COUNCIL:

WHILE THE ABOVE WELL PERMIT WAS APPROVED ON (DATE) _____, THE WELL WAS NEVER DRILLED AND REQUIRES NO REMEDIAL OR PLUGGING ACTIONS AS REQUIRED BY STATE OIL AND GAS COUNCIL REGULATION 10 CSR 50-2.

I, THE UNDERSIGNED, (YOUR NAME AND TITLE) _____
OF (COMPANY) _____, STATE
THAT I AM AUTHORIZED TO REQUEST THIS WELL PERMIT CANCELLATION, THIS REQUEST WAS PREPARED UNDER MY SUPERVISION AND DIRECTION, AND THE FACTS STATED HEREIN ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:	DATE:
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COMMENTS: