



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
OIL AND GAS NOTICE TO CANCEL WELL PERMIT

WELL PERMIT INFORMATION

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI		OPERATOR LICENSE NUMBER
PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)		COUNTY
API NUMBER	WELL NUMBER	PERMIT NUMBER

STATE REASON FOR WELL PERMIT CANCELLATION

CERTIFICATION

I, the undersigned, certify that:

- I am authorized to act as an agent for this company.
- The well was never drilled and requires no remedial or plugging actions, as required by the Missouri Code of State Regulations Oil and Gas Rules 10 CSR 50.
- The information on this form has been reviewed by me and is true, correct and complete to the best of my knowledge.

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