



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
**OIL AND GAS PERMIT TO DRILL OR MODIFY
WELL APPLICATION**

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

PERMIT INFORMATION

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI	OPERATOR LICENSE NUMBER
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IS THIS IS A MULTIPLE-COMPLETED WELL <input type="checkbox"/> No <input type="checkbox"/> Yes (multiple-completed wells are subject to conditions of 10 CSR 50-2.040(5))	PERMIT TYPE <input type="checkbox"/> Individual well permit <input type="checkbox"/> Blanket well permit
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PERMIT INTENT (SELECT ONE) <input type="checkbox"/> New well construction <input type="checkbox"/> Deepen well <input type="checkbox"/> Plug-back well <input type="checkbox"/> Recomplete well <input type="checkbox"/> Change use of well <input type="checkbox"/> Other (explain in comments box below)

WELL INFORMATION

PROPOSED WELL USE (SELECT ONE)

Production Well: <input type="checkbox"/> Oil <input type="checkbox"/> Commercial gas <input type="checkbox"/> Non-commercial gas <input type="checkbox"/> Coalbed methane
Injection Well: <input type="checkbox"/> Enhanced oil recovery <input type="checkbox"/> Disposal of formation fluids <input type="checkbox"/> Cyclic steam stimulation <input type="checkbox"/> Other (explain in comments box below)
Other Well Usage: <input type="checkbox"/> Stratigraphic test <input type="checkbox"/> Observation for _____ <input type="checkbox"/> Other (explain in comments box below)

WELL ORIENTATION (SELECT ONE) <input type="checkbox"/> Vertical Well Proposed depth _____ FT. Plug back depth _____ FT.	NUMBER OF ABANDONED (UNPLUGGED) WELLS ON LEASE
<input type="checkbox"/> Horizontal Well Measured vertical depth _____ FT. Horizontal borehole length _____ FT.	

PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)	GEOLOGIC STRATUM NAME (USE MISSOURI NOMENCLATURE)	WELL NUMBER	GROUND ELEVATION FT.	API NUMBER (FOR EXISTING WELL ONLY)
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BOND INFORMATION

BOND TYPE <input type="checkbox"/> Single well bond <input type="checkbox"/> Blanket well bond	BOND STATUS <input type="checkbox"/> On file <input type="checkbox"/> Attached
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PROPOSED NEW WELL CONSTRUCTION AND CASING/TUBING SPECIFICATIONS

PLANNED SPUD DATE	PROPOSED DRILLING METHOD <input type="checkbox"/> Coring <input type="checkbox"/> Rotary	COMMENTS			
Casing/Tubing Type	Setting Depth	Diameter	Weight/Foot	Packer Depth	Full Length Cement (If no, explain alternative proposed method) <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED INFORMATION FOR SUBMISSION

If this permit is approved, you agree to submit all well information obtained including: driller's log, e-log(s), core analyses, drill stem test, and additional requirements as indicated below. For new well permit applications, the well location information must be submitted on the back of this form.

METHOD OF PAYMENT

<input type="checkbox"/> Check or Money Order (Please enclose check, payable to Department of Natural Resources, with submitted form.)	AMOUNT DUE \$100
<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.)	

CERTIFICATION

I, the undersigned, certify that:

- I am authorized to act as an agent for the applicant of this well.
- 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 permit, if approved, is not transferable to another party or location.
- I understand the submittal fee assessed to this well is non-refundable and non-transferable.
- I understand the submission of this application does not guarantee its approval.
- I understand this application will become null and void if no response has been received after thirty (30) days of notification requesting required missing or incomplete information, at which time, the applicant may opt to submit a new application and associated fee for review.
- I understand additional requirements, as indicated below, may be a condition for the approval of this permit.
- I understand this permit, if for a single well, is valid for one (1) year after date of approval.
- I agree to abide by Chapter 259, RSMo, and the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50.
- I understand this permit, in no way, relieves me of my obligations to comply with all applicable federal, state and local laws or regulations.

NAME (PRINT)	TITLE	COMPANY
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PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS
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SIGNATURE	DATE
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ADDITIONAL REQUIREMENTS <input type="checkbox"/> None <input type="checkbox"/> Cuttings on five foot interval <input type="checkbox"/> Core <input type="checkbox"/> Water sample(s) depth: _____ <input type="checkbox"/> Other _____

APPROVED BY	APPROVAL DATE	PERMIT EXPIRATION DATE
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FOR NEW WELL PERMIT APPLICATIONS, THE WELL LOCATION INFORMATION MUST BE SUBMITTED ON THIS FORM. (LATITUDE AND LONGITUDE MUST BE NAD83 AND AS DECIMAL DEGREE TO THE FIFTH DECIMAL)

COUNTY	LEGAL DESCRIPTION Sec. _____ Twp. _____ N Rng. _____ <input type="checkbox"/> E <input type="checkbox"/> W	LATITUDE	LONGITUDE
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- GRID INSTRUCTIONS** Use this grid, or an approved map attachment, to clearly and precisely illustrate (draw, plot, etc.) the following:
- Blanket permits must be accompanied by a plat of the entire production unit with information outlined in 10 CSR 50-2.030(5)
 - Location of the proposed well relative to the section lines
 - Location of the spacing or production unit lines relative to the section lines
 - Location of the nearest existing well that injects into, produces from or is open to the same reservoir as the proposed well
 - Distance from the proposed well to the nearest well as described above
 - Distance from the proposed well to the nearest spacing or production unit line
 - Distance from the proposed well to the two nearest section lines

In addition, for horizontal wells, mark the proposed wellhead location and borehole's horizontal path to its terminus. Provide the information above for the wellhead location and terminus of the horizontal borehole.

 <p>GRID AND SCALE EXPLANATION: This grid represents the section of land noted in the legal description at the top of this page. The section is oriented as per the north arrow shown immediately above and is a one square mile section of land divided into 64 square cells. The side of each cell measures 660 feet in length; therefore, one-fourth of each cell side equals 165 feet.</p>								

LAND OWNER INFORMATION ON WHICH THE WELL IS LOCATED (PER 10 CSR 50-2.030(3)(A)(4))

NAME (PRINT)		EMAIL ADDRESS	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE)		PRIMARY PHONE NUMER WITH AREA CODE	

COMMENTS