



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
OIL AND GAS ANNUAL WELL INVENTORY REPORT

WELL OWNER INFORMATION	
NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI	OPERATOR LICENSE NUMBER

ANNUAL WELL INVENTORY (AS OF DECEMBER 31)

Well Status*

- Active well is a well that has been operated for its intended use within the last ninety (90) calendar days.
- Shut-in well is a well that has not been operated within the last ninety (90) calendar days and has been approved for shut-in status.
- Incomplete well is a well under construction, within one hundred twenty (120) calendar days after the spud date and for which a well completion report has not been submitted.
- Abandoned well is a well that is no longer operated for its intended use and has not been shut-in, converted to another type of well, or plugged.

API Number	Well Number	Production Unit (lease or surface unit name)	Well Type (provide usage description for observation well(s) on line provided (temperature, pressure, etc.)	*Well Status (select one)
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-in <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-in <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-in <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-in <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-in <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-in <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-in <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
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			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-in <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
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			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-in <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned

CERTIFICATION

I, the undersigned, certify that:

- I am authorized to act as an agent for this company.
- 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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