STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

FORM OGC-6

NOTICE OF INTENTION TO ABANDON WELL

NAME OF LEASE				DATE
WELL NUMBER	LOCATION _____ ft from ☐ North ☐ South Section Line and _____ ft from ☐ East ☐West Section Line			
SECTION	TOWNSHIP North	RANGE ☐ East ☐ West	COUNTY	
THE ELEVATION OF THE GROUND AT WELL SITE IS _____ FEET ABOVE SEA LEVEL		PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER)		
NAME OF CONTRACTOR OR COMPANY THAT WILL DO WORK IS:				
ADDRESS		CITY	STATE	ZIP

DETAILS OF WORK (INDICATE SIZE, KIND, AND DEPTH OF PLUGS, WHERE CASING WILL BE PULLED, OTHER PERTINENT DETAILS)

CERTIFICATE: I, the Undersigned, state that I am the _____ of the _____ (Company), and that I am authorized to make this report; and that this report was prepared under my supervision and direction and that the facts stated herein are true, correct and complete to the best of my knowledge.

SIGNATURE	DATE

MO 780-0214 (6-06)

REMIT TWO (2) COPIES TO: GEOLOGICAL SURVEY PROGRAM, PO BOX 250, ROLLA, MO 65402 573/ 368-2143.
ONE (1) COPY WILL BE RETURNED.