



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 GEOLOGICAL SURVEY PROGRAM  
**OIL AND GAS WELL PLUGGING REPORT**

<b>FOR OFFICE USE ONLY</b>	DATE RECEIVED
CHECK NUMBER	CHECK AMOUNT
PROCESSED BY	

**WELL OWNER INFORMATION**

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI			OPERATOR LICENSE NUMBER	
MAILING ADDRESS		CITY	STATE	ZIP CODE
PRIMARY CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	

**WELL INFORMATION (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
PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)	WELL NUMBER	WELL PERMIT NUMBER	API NUMBER (FOR EXISTING WELL ONLY) GROUND ELEVATION FT.
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF	HAS THIS WELL EVER PRODUCED OIL OR GAS <input type="checkbox"/> Yes <input type="checkbox"/> No	DRY HOLE <input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL WELL DEPTH FT.
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)			
Other Well Usage: <input type="checkbox"/> Stratigraphic test <input type="checkbox"/> Observation for _____ <input type="checkbox"/> Other (explain in comments box)			
WELL ORIENTATION (SELECT ONE)			STATIC WELLHEAD PRESSURE
<input type="checkbox"/> Vertical Well Well depth _____ FT.			PSI
<input type="checkbox"/> Horizontal Well Measured vertical depth _____ FT. Horizontal borehole length _____ FT.			

**WELL PLUGGING INFORMATION**

PLUGGING METHOD	DATE PLUGGED
<input type="checkbox"/> Tremie <input type="checkbox"/> Pressure grout <input type="checkbox"/> Other (prior approval required) _____	

**Lithologic Information**

Name of each stratum/strata containing oil or gas	Stratum/strata open to well bore at time of plugging	Fluid content of each stratum/strata	Depth interval of each stratum/strata	Size, kind and depth of plugs used, stating amount of cement/gel/mud
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Well Construction Information**

Size Pipe	Put in Well (FT.)	Pulled Out (FT.)	Left in Well (FT.)	Give Depth and Method of Parting Casing (Shot, Ripped, etc.)	Packers and Shoes

SELECT ONE	BRIDGE PLUG
<input type="checkbox"/> Perforated casing <input type="checkbox"/> Open hole Perforated/open hole depth interval: from _____ FT. to _____ FT.	<input type="checkbox"/> No <input type="checkbox"/> Yes, depth _____ FT.

Was all equipment associated with the well removed from the site?  Yes  No

Was the surface casing cut three feet beneath the land surface?  Yes  No

Was the well site left, as nearly as practical, in the same condition as it existed before the well was plugged?  Yes  No

METHOD OF DISPOSAL OF MUD PIT CONTENTS

COMMENTS

**DETAIL OF GEOLOGIC STRATUM/STRATA PENETRATED (ATTACH DRILLERS LOG OR OTHER ACCEPTABLE LOG OF WELL IF AVAILABLE)**

STRATA/STRATUM	Top	Bottom	Description (See * below)

\*NOTE: Show all important zones of porosity, detail of all cores, and all drill-stem tests, indicating depth interval tested. Indicate zones of fresh water penetrated.

**WELL PLUGGING CONTRACTOR INFORMATION**

NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL	EMAIL ADDRESS		
MAILING ADDRESS	CITY	STATE	ZIP CODE
COMPANY ONSITE REPRESENTATIVE		PRIMARY PHONE NUMBER WITH AREA CODE	

**METHOD OF PAYMENT**

<input type="checkbox"/> Check or Money Order (Please enclose check, payable to Department of Natural Resources, with submitted form.) <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.)	AMOUNT DUE <p style="text-align: center;">\$50</p>
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**CERTIFICATION**

I, the undersigned, certify that:  
 I am authorized to act as an agent for the owner of this well.  
 The information on this report has been reviewed by me and is true, correct and complete to the best of my knowledge.  
 I understand the submittal fee assessed to this well is non-refundable and non-transferable.  
 I understand that the submission of this report is not a guarantee of acceptance.  
 The plugging is in accordance with the Missouri Code of State Regulations Oil and Gas Rules 10 CSR 50.

PRINT NAME	SELECT ONE <input type="checkbox"/> Well owner <input type="checkbox"/> Well plugging contractor	COMPANY
PRIMARY TELEPHONE WITH AREA CODE	EMAIL ADDRESS	
SIGNATURE	DATE	

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The information submitted on this report indicates the plugging of this well.  
 Conforms with 10 CSR 50-2.060     Does not conform with 10 CSR 50-2.060

REVIEWED BY	DATE
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