



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
OIL AND GAS NOTICE OF INTENTION TO PLUG

NOTE: A detailed plugging proposal and electronic/geophysical logs must be on file or submitted with this form.

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
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF			GROUND ELEVATION FT.

WELL USE (SELECT ONE)

Production Well: Oil Commercial gas Non-commercial gas Coalbed methane

Injection Well: Enhanced oil recovery Disposal of formation fluids Cyclic steam stimulation Other (explain in comments box)

Other Well Usage: Stratigraphic test Observation for _____ Other (explain in comments box)

WELL ORIENTATION (SELECT ONE)

Vertical Well Well depth _____ FT.

Horizontal Well Measured vertical depth _____ FT. Horizontal borehole length _____ FT.

PROPOSED WELL PLUGGING INFORMATION

Proposed plugging method: Pressure grout Tremie Gravity feed Other _____

PROPOSED DATE PLUGGED _____

Lithologic Information

Name of each stratum/strata containing oil or gas	Stratum/strata open to well bore	Fluid content of each stratum/strata	Depth interval of each stratum/strata	Type, depth and length of plug proposed and amount of cement/gel/mud/other used
	<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			

Well Construction Information

Casing Diameter	Casing Set Depth	Top of Perforation Interval	Bottom of Perforation Interval	Packer, Shoes, Bridge Plugs Depth

Bridge Plug

Installed Yes No Permanent Retrievable Plug Material _____ Depth Set _____ FT.

COMMENTS

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

STRATUM/STRATA	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, cushion used, time tool open flowing and shut-in pressures, and recoveries. Indicate zones of fresh water penetrated.

PROPOSED WELL PLUGGING CONTRACTOR INFORMATION

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

CERTIFICATION

I, the undersigned, certify that:

- I am authorized to act as an agent for the owner of this well.
- The information on this proposal has been reviewed by me and is true, correct and complete to the best of my knowledge.
- I understand that the submission of this proposal is not a guarantee of acceptance.

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

FOR OFFICE USE ONLY

The information submitted on this report indicates the proposed plugging of this well:

Conforms with 10 CSR 50-2.060 Does not conform with 10 CSR 50-2.060

REVIEWED BY	DATE
APPROVED BY	DATE