MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

OIL AND GAS NON-COMMERCIAL OPERATOR'S LICENSE APPLICATION

FOR OFFICE USE ONLY	
DATE RECEIVED	PROCESSED BY
CHECK NUMBER	CHECK AMOUNT
LICENSED CALENDAR YEAR	LICENSE NUMBER

APPLICATION TYPE

☐ New ☐ Renewal ☐ Information Update Only (Fee not required)

WELL OWNER INFORMATION

NAME OF INDIVIDUAL, COMPANY OR ORGANIZATION			OPERATOR LICENSE NUMBER (IF RENEWAL OR UPDATE)
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE)	PRIMARY PHONE NUMBER WITH AREA CODE		
EMAIL ADDRESS	IF WELL OWNERSHIP CHANGE OCCURRED, GIVE PREVIOUS NAME		

ADDITIONAL CONTACT INFORMATION

Name	Title	Primary Phone Number with Area Code	Email Address
PRIMARY		EXT.	
SECONDARY		EXT.	
OTHER		EXT.	

METHOD OF PAYMENT

☐ Check or Money Order (Please enclose check, payable to Department of Natural Resources, with submitted form.)
☐ Credit Card (Transaction fee applies. Please attach contact information of person authorized to make transaction.)
☐ Automated Clearing House (Please attach contact information of person authorized to make transaction.)

AMOUNT DUE
$50.00

CERTIFICATION

I, the undersigned, certify that:

- I am authorized to make this report.
- The facts stated herein are true, correct and complete to the best of my knowledge.
- I understand that after any change occurs as to facts stated in this report as submitted and filed, a supplementary report shall be filed with the state geologist with respect to such change within thirty (30) calendar days after the effective date of change.
- I have read and agree to comply with the statutes, rules and provisions pursuant to Chapter 259, RSMo, and the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50.

PRINT NAME	PRINT COMPANY/ORGANIZATION NAME
SIGNATURE	DATE

FOR OFFICE USE ONLY

APPROVED BY	DATE

MO 780-2598 (12-16)

SEND COMPLETED FORM ALONG WITH $50 LICENSE FEE BY JANUARY 1 TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402
PHONE: 573-368-2143 FAX: 573-368-2111 EMAIL: oilandgas@dnr.mo.gov