



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS FIRST PURCHASER FEE REPORT

FOR OFFICE USE ONLY

DATE RECEIVED	PROCESSED BY
CHECK NUMBER	CHECK AMOUNT

FIRST PURCHASER INFORMATION

NAME OF COMPANY		OIL AND GAS PURCHASE REPORT PERIOD Month _____ Year _____	
MAILING ADDRESS		CITY	STATE ZIP
PRIMARY CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS

OPERATOR INFORMATION

NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL	OPERATOR LICENSE NUMBER
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CRUDE OIL

Per 10 CSR 50-1.050(1)(G), a fee of sixty cents (\$0.60) on each barrel of oil sold or marketed each month shall be assessed to each operator. The fee and assessment shall apply only to the first purchase of oil from the operator and shall be collected and submitted by the first purchaser of oil.

Lease Name	Date Purchased	Number of Barrels Purchased	Price Per Barrel	Assessed Fee (number of barrels x \$0.60 per barrel)
				TOTAL CRUDE OIL FEES ASSESSED \$

NATURAL GAS

Per 10 CSR 50-1.050(1)(H), a fee of seven and one-tenth cents (\$0.071) on each one thousand (1,000) cubic feet (MCF) of gas sold or marketed each month shall be assessed to each operator. The fee and assessment shall apply only to the first purchase of gas from the operator and shall be collected and submitted by the first purchaser of gas.

Lease Name	Date Purchased	Number of MCF Purchased	Price Per MCF	Assessed Fee (number of MCF x \$0.071 per MCF)
				TOTAL GAS FEES ASSESSED \$

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)

Total amount due (sum of crude oil, natural gas and late fees) \$

CERTIFICATION

I, the undersigned, certify that:

- I am authorized to act as an agent for submission of this oil and gas first purchaser fee report.
- 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
PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
SIGNATURE	DATE	