



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
**OIL AND GAS MONTHLY WELL STATUS, PRODUCTION
 AND DISPOSAL REPORT**

OPERATOR INFORMATION

| | | | |
|---------------------------------------------|-------------------------|-------|------|
| NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL | OPERATOR LICENSE NUMBER | MONTH | YEAR |
|---------------------------------------------|-------------------------|-------|------|

POOL INFORMATION

| | |
|-----------------|--------|
| FIELD/POOL NAME | COUNTY |
|-----------------|--------|

FIRST UNIT (LEASE, PRODUCTION, OR SPACING UNIT) WELL STATUS, PRODUCTION AND DISPOSAL INFORMATION

UNIT NAME

| Production | | | | | | Disposal | |
|------------|--------------|-----------|---------------|--------------------------|------------------|--------------|------------------|
| Oil (bbls) | Water (bbls) | Gas (MCF) | Gravity (API) | Total sold (bbls or MCF) | Price (per unit) | Water (bbls) | Disposal method* |
| | | | | | | | |

NAME OF FIRST PURCHASER

Well Type and Status

| Type | Number of Active Wells | Number of Inactive Wells (complete back of form if inactive wells indicated) |
|------------|------------------------|------------------------------------------------------------------------------|
| Production | | |
| Injection | | |
| Other | | |

SECOND UNIT (LEASE, PRODUCTION, OR SPACING UNIT) WELL STATUS, PRODUCTION AND DISPOSAL INFORMATION

UNIT NAME

| Production | | | | | | Disposal | |
|------------|--------------|-----------|---------------|--------------------------|------------------|--------------|------------------|
| Oil (bbls) | Water (bbls) | Gas (MCF) | Gravity (API) | Total sold (bbls or MCF) | Price (per unit) | Water (bbls) | Disposal method* |
| | | | | | | | |

NAME OF FIRST PURCHASER

Well Type and Status

| Type | Number of Active Wells | Number of Inactive Wells (complete back of form if inactive wells indicated) |
|------------|------------------------|------------------------------------------------------------------------------|
| Production | | |
| Injection | | |
| Other | | |

* DISPOSAL METHOD
 I – Injection, E – Evaporation, O – Other (please explain) _____

CERTIFICATION

I, the undersigned, certify that:

- I am authorized to act as an agent for this company in the submission of this 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 TELEPHONE NUMBER WITH AREA CODE | EMAIL ADDRESS | |

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

