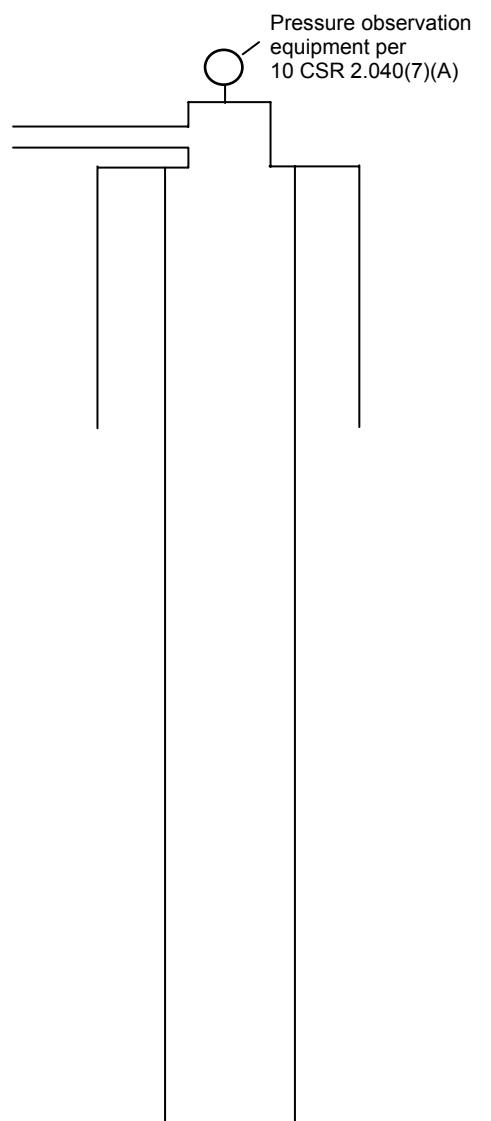


PROPOSED WELL CONSTRUCTION AND LITHOLOGIC LOG

Provide a well/wellhead schematic or draw and label the schematic below with the information shown.

WELL CONSTRUCTION	WELL/WELLHEAD SCHEMATIC	LITHOLOGIC LOG											
<p>SURFACE ELEVATION AT WELL _____ FT.</p> <p>DEPTH TO COMPETENT BEDROCK _____ FT.</p> <p>SURFACE CASING DEPTH _____ FT.</p> <p>FULL LENGTH SURFACE CASING CEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NO, EXPLAIN ANNULAR SEAL: _____</p> <p>_____</p> <p>_____</p> <p>CASING DEPTH _____ FT.</p> <p>FULL LENGTH CASING CEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NO, EXPLAIN ANNULAR SEAL: _____</p> <p>_____</p> <p>_____</p> <p>ADDITIONAL CASING STRING DEPTH _____ FT.</p> <p>FULL LENGTH CASING CEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NO, EXPLAIN ANNULAR SEAL: _____</p> <p>_____</p> <p>TUBING DEPTH _____ FT.</p> <p>PACKER DEPTH _____ FT.</p> <p>ANNULAR FLUID TYPE: _____</p> <p>_____</p> <p>FOR OPEN HOLE CONSTRUCTION, LIST OPEN HOLE INTERVAL: _____ FT. TO _____ FT.</p> <p>FOR PERFORATED CONSTRUCTION, LIST PERFORATION INTERVAL(S): _____ FT. TO _____ FT.</p> <p>_____ FT. TO _____ FT.</p> <p>_____ FT. TO _____ FT.</p> <p>_____ FT. TO _____ FT.</p>	<p>Diagram the following: location of all cemented intervals, tubing, packer, casing, perforations, USDW, injection zone and upper and lower confining zones.</p>  <p>Pressure observation equipment per 10 CSR 2.040(7)(A)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">DEPTH</th> <th rowspan="2">FORMATION DESCRIPTION (OR ATTACH LITHOLOGIC LOG)</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td style="height: 300px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Total Depth _____ FT.</td> <td></td> </tr> </tbody> </table> <p>UNDERGROUND SOURCE OF DRINKING WATER (USDW) INTERVAL(S): _____ FT. TO _____ FT.</p> <p>_____ FT. TO _____ FT.</p> <p>UPPER CONFINING FORMATION INTERVAL: _____ FT. TO _____ FT.</p> <p>INJECTION INTERVAL(S): _____ FT. TO _____ FT.</p> <p>_____ FT. TO _____ FT.</p> <p>_____ FT. TO _____ FT.</p> <p>LOWER CONFINING FORMATION INTERVAL: _____ FT. TO _____ FT.</p>	DEPTH		FORMATION DESCRIPTION (OR ATTACH LITHOLOGIC LOG)	FROM	TO				Total Depth _____ FT.		
DEPTH		FORMATION DESCRIPTION (OR ATTACH LITHOLOGIC LOG)											
FROM	TO												
Total Depth _____ FT.													

AREA OF REVIEW

Per 10 CSR 50-2.055, the submission of a map that shows the area of review within one-half mile of the proposed injection well (or lease boundaries) documenting all wells penetrating the injection interval is required. Each well location on this map must be labeled with the well's API number (or well certification number). In addition to the map, each well must be entered into the table below with the corresponding information.

API # or Certification #	Well ID Number	Well Location	Owner Name	Well Type	Well Status	Total Depth	Casing Depth
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					
		LATITUDE: LONGITUDE:					

REQUIRED INFORMATION FOR SUBMISSION

Per 10 CSR 50-2.055, the following documents must be submitted with this form:

- Non-refundable fee of \$100
- Well/wellhead construction schematic
- Area of review
- Affidavit of public notice and notification of all
- Landowners within 1/2 mile radius of the project boundaries
- Chemical analysis of injection fluid and injection formation fluid Attached On-file
- Electric log of entire injection well borehole Attached On-file
- MIT submitted with permit Attached On-file

METHOD OF PAYMENT

<input type="checkbox"/> Check or Money Order. Enclose check, payable to Department of Natural Resources, with submitted form. <input type="checkbox"/> Credit Card (transaction fee applies). Attach contact information of person authorized to make transaction. <input type="checkbox"/> Automated Clearing House. Attach contact information of person authorized to make transaction.	AMOUNT DUE \$100
---	--------------------------------

CERTIFICATION

I, the undersigned, certify that:

- I am authorized to act as an agent for the applicant of this well.
- The information on this application has been reviewed by me and is true, correct and complete to the best of my knowledge.
- I understand this permit, if approved, is not transferable to another party or location without approval of the state geologist.
- I understand the submittal fee assessed to this injection permit is non-refundable and non-transferable.
- I understand the submission of this application is not a guarantee of its approval.
- I understand this application will become null and void if no response has been received after thirty (30) days of notification requesting required missing or incomplete information.
- I agree to abide by Chapter 259, RSMo, and the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50.
- I understand this permit, in no way, relieves me of my obligations to comply with all applicable federal, state and local laws or regulations.

PRINT NAME	TITLE	COMPANY
PRIMARY PHONE NUMBER WITH AREA CODE		EMAIL ADDRESS
SIGNATURE		DATE

FOR OFFICE USE ONLY

APPROVED MAXIMUM WELLHEAD INJECTION PRESSURE PSIG	APPROVED AVERAGE WELLHEAD INJECTION PRESSURE PSIG
APPROVED MAXIMUM DAILY INJECTION RATE _____ <input type="checkbox"/> BPD <input type="checkbox"/> GPM <input type="checkbox"/> SCFM	APPROVED AVERAGE DAILY INJECTION RATE _____ <input type="checkbox"/> BPD <input type="checkbox"/> GPM <input type="checkbox"/> SCFM

APPROVED BY	DATE
-------------	------