

| WELL PERMIT INFORMATION | | |
|--|---|--|
| NAME OF COMPANY, ORGANIZATION OR INDIVIDU | AL | OPERATOR LICENSE NUMBER |
| | | |
| | | |
| LEASE NAME | | COUNTY |
| | | |
| | | |
| API NUMBER | WELL NUMBER | PERMIT NUMBER |
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| STATE REASON FOR WELL PERMIT CANCELLATION | | |
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| CERTIFICATION | | |
| I, the undersigned, certify that: | | |
| I am authorized to act as an agent for t | this company. | |
| The well was never drilled and requires | s no remedial or plugging actior | ns, as required by the Missouri Code of State Regulations Oil and Gas |
| Rules 10 CSR 50. | | |
| | | rrect and complete to the best of my knowledge. |
| PRINT NAME | TITLE | COMPANY |
| | | |
| | | |
| PRIMARY TELEPHONE NUMBER WITH AREA CODE | EMAIL ADDRESS | |
| | | |
| | | |
| | | |
| SIGNATURE | | DATE |
| | | |
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| Form 780-2227 (03-17) SEND COMPLETED FORM TO: DEPAI PO BOX 250, ROL | RTMENT OF NATURAL RESOURCES, M LLA, MO 65402-0250 PHONE: 573-368 | MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION, 3-2143 FAX: 573-368-2111 EMAIL: <u>oilandgas@dnr.mo.gov</u> |