



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 GEOLOGICAL SURVEY PROGRAM  
**ORGANIZATION REPORT**

FORM OGC-1

FULL NAME OF THE COMPANY, ORGANIZATION, OR INDIVIDUAL UNDER WHICH OIL AND GAS DRILLING, PRODUCING, TRANSPORTING, OR REFINING WILL BE CARRIED ON IN MISSOURI			
ADDRESS		CITY	STATE
		TELEPHONE	
PLAN OF ORGANIZATION (STATE WHETHER ORGANIZATION IS A CORPORATION, JOINT STOCK ASSOCIATION, FIRM OR PARTNERSHIP, OR INDIVIDUAL)			
IF A REORGANIZATION, GIVE NAME AND ADDRESSES OF PREVIOUS ORGANIZATION			
IF A FOREIGN CORPORATION, GIVE (1) STATE WHERE INCORPORATED	(2) NAME AND POST OFFICE ADDRESS OF STATE		(3) DATE OF PERMIT TO DO BUSINESS IN STATE
PRINCIPAL OFFICERS OR PARTNERS (IF PARTNERSHIP) NAME	TITLE		POST OFFICE ADDRESS
DIRECTOR'S NAME		POST OFFICE ADDRESS	
<p><b>CERTIFICATE:</b> I, the undersigned, state that I am the _____ of the _____ (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.</p>			
SIGNATURE			
NOTARY PUBLIC EMBOSSEER SEAL	STATE OF MISSOURI	COUNTY (OR CITY OF ST. LOUIS)	BEFORE ME ON THIS _____ Day of _____, 20____
	NAME OF NOTARY (PRINT OR TYPE)		A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED
	NAME OF INDIVIDUAL (PRINT OR TYPE)		KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN
	TYPE OF DOCUMENT	AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED	
	NOTARY PUBLIC SIGNATURE		
	MY COMMISSION EXPIRES	USE RUBBER STAMP HERE	
<p><b>NOTE:</b> After any change occurs as to facts stated in the report as submitted and filed, a supplementary report shall be filed with the State Geologist with respect to such change within 30 days after the effective date of change. Upon change of ownership of any well or wells, producing or non-producing, notice shall be given to the State Geologist within 10 days after the change of ownership.</p>			