



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

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	ZIP CODE
	TELEPHONE		

PLAN OF ORGANIZATION (STATE WHETHER ORGANIZATION IS A CORPORATION, JOINT STOCK ASSOCIATION, FIRM OR PARTNERSHIP, OR INDIVIDUAL)

IF A REORGANIZATION, GIVE NAME AND ADDRESS 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
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PRINCIPAL OFFICERS OR PARTNERS (IF PARTNERSHIP) NAME	TITLE	POST OFFICE ADDRESS

DIRECTOR'S NAME	POST OFFICE ADDRESS

CERTIFICATE: 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.

SIGNATURE

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF MISSOURI	COUNTY (OR CITY OF ST. LOUIS)	ON THIS _____ DAY OF _____, 20__	BEFORE ME
	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	▶	

**NOTE ▶ 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.**