



Organization Report

Full name of company, organization, or individual: _____

Address: _____
Street or Box Number City State Zip

Form and purpose of organization: _____

State whether corporation, joint stock association, firm or partnership: _____

State the purpose of the organization (whether producer, pipeline, refiner, etc.): _____

If foreign corporation, give (a) state where incorporated; (b) name and post office address of Iowa agent, and (c) date of permit to do business in Iowa. _____

Principal Officers (or Partners if Partnership)

Name	Title	Address

Directors Name	Address

Is this a reorganization? Yes No If so, what was the previous organization? _____

STATE OF _____)
 COUNTY OF _____) § _____ (Lessee or Operator)
 _____ (Signature) _____ (Title)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he is duly authorized to make the above application and that he has knowledge of the facts stated therein and that the facts stated in said application are true and correct.

Subscribed and sworn to me this _____ day of _____, 20 ____ .

My Commission expires: _____ NOTARY PUBLIC

Instructions on backside of form

INSTRUCTIONS

File three copies of this form with the State Geologist. If you wish approved copies for your files these should be submitted in addition to the three copies to be retained.

This form must be approved before any drilling permit(s) will be issued to your organization. Immediately after any change occurs as to facts stated in the report filed, a supplementary report shall be filed with the State Geologist with respect to such change.

Send completed form(s) to:

Land Quality Bureau, Bureau Chief

Iowa Department of Natural Resources

502 E 9th St

Des Moines IA 50319

Phone: 515-330-8581