

Iowa Department of Natural Resources

ORGANIZATION REPORT

1. Full name of company, organization, or individual : _____
2. Post office address: _____
STREET OR BOX NUMBER CITY STATE ZIP
3. 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.): _____
4. 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	POST OFFICE ADDRESS

DIRECTORS NAME	POST OFFICE ADDRESS

5. Is this a reorganization? _____ If so, what was the previous organization? _____

(LESSEE OR OPERATOR)

STATE OF _____)
 COUNTY OF _____) **SS.**

(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 report and that he has knowledge of the facts stated therein and that the report is true and correct.

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

My Commission expires: _____

NOTARY PUBLIC

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:

State Geologist
Iowa Department of Natural Resources
Geological Survey Bureau
109 Trowbridge Hall
Iowa City, IA 52242-1319
Phone: 319-335-1575
Fax: 319-335-2754