

TO

**MONTANA BOARD OF OIL AND GAS CONSERVATION
2535 ST. JOHNS AVENUE
BILLINGS, MONTANA 59102**

ORGANIZATION REPORT

1. Full name of the Company, Organization, or Individual _____

2. Address _____
(Address) (City) (State) (Telephone Number)

3. Form and Purpose of the Organization:

(State whether a corporation, joint stock association, firm or partnership)

(State the purpose of the organization)

(If foreign corporation, give (1) state where incorporated; (2) name, address, and telephone number of Montana agent; date of qualification to do business in Montana)

4. Officers:

TITLE

NAME

ADDRESS

Trustee _____

Trustee _____

President _____

Vice President _____

Secretary _____

Treasurer _____

(Other) _____

(OVER)

5. Directors:

NAME

ADDRESS

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Is this a re-organization? _____

Dated this _____ day of _____, _____

By: _____
(Name and Title)

(Address and telephone number)

(Address, continued)

State of _____

County of _____

_____ being first duly sworn deposes and says that (s)he is
the _____ of _____; that (s)he has personal
knowledge of the ownership, management and officers of said _____; that the statements
above made concerning said organization are true and correct.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, State of _____

Residing at _____

My Commission Expires _____

MONTANA BOARD OF OIL AND GAS CONSERVATION

Date Registered: _____

By: _____
(Name and Title)

(ONE COPY WILL BE RETURNED)