



Illinois Department of Natural Resources Office of Oil and Gas Resource Management

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov (217) 782 - 7756



OG-18 ANNUAL CLASS II WELL REPORT JANUARY 1 THROUGH DECEMBER 31, 20__

OPERATOR: _____ OPERATOR #: _____

ADDRESS: _____

WELL NAME: _____ PERMIT #: _____ REF #: _____

REFERENCE # IS REQUIRED. IF REFERENCE # IS NOT AVAILABLE, LOCATION IS REQUIRED.

LOCATION: _____ ft N S, _____ ft E W, of the _____ Corner, of the _____ 1/4, of the _____ 1/4, of the _____ 1/4 of
Section _____, Township _____, and Range _____ in _____ County.

PACKER SETTING DEPTH(S) (INDICATE IF NO REQUIREMENTS): _____

INJECTION/DISPOSAL FORMATION(S) & DEPTH(S): _____

DESCRIBE AND DATE ANY REPAIRS PERFORMED DURING THE YEAR: _____

MONTH	AVERAGE DAILY INJECTION RATE (Bbl/day)	MAXIMUM INJECTION PRESSURE (wellhead) (psig)
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEP		
OCT		
NOV		
DEC		

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE PERMITTEE HAS REVIEWED THIS REPORT TOGETHER WITH ANY ACCOMPANYING STATEMENTS AND DOCUMENTS AND STATES THAT TO THE BEST OF THE PERMITTEE'S KNOWLEDGE, STATEMENTS, AND DOCUMENTS ARE TRUE AND CORRECT.

PERMITTEE, OR DESIGNEE, SIGNATURE _____ DATE _____

ADDRESS _____

CITY, STATE _____ ZIP _____

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN THE ILL. COMPILED STAT. CH. 225 PARS. 725 ET. SEQ. FAILURE TO DISCLOSE THIS INFORMATION WILL RESULT IN THIS FORM NOT BEING PROCESSED.