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

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OG-15C
ANNUAL TEMPORARY ABANDONMENT CERTIFICATION REPORT
FISCAL YEAR 20___

PERMITTEE NAME:_____ PERMITTEE #:_____

ADDRESS:_____

_____

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

1. The above-referenced well was monitored during the twelve-month period of_____through_____.

2. During the monitoring period, was there any indication of pressure on the casing or annulus of the well? ◯ Yes ◯ No

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 ILLINOIS COMPILED STATUTES CH. 225 PARS. 725 ET. SEQ. FAILURE TO DISCLOSE THIS INFORMATION WILL RESULT IN THIS FORM NOT BEING PROCESSED.