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

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# OG-09 WELL COMPLETION REPORT

**TYPE OF REPORT**:

☐ NEW WELL ☐ CONVERSION ☐ DOPH ☐ DEEPENING ☐ WORKOVER

**TYPE OF WELL**:

☐ OIL PRODUCER ☐ GAS PRODUCER ☐ CLASS II INJECTION WELL ☐ WATER SUPPLY

☐ OBSERVATION ☐ GAS STORAGE ☐ D&A ☐ SERVICE ☐ COAL BED GAS ☐ COAL MINE GAS

**WELL ORIENTATION:** ☐ VERTICAL ☐ DIRECTIONAL* ☐ HORIZONTAL*

* DIRECTIONAL AND HORIZONTAL WELLS **ALSO** REQUIRE THE SUPPLEMENTAL OG-9A COMPLETION FORM

PERMITTEE: _____ PERMITTEE #: _____

WELL NAME: _____ PERMIT #: _____

LOCATION: _____ REFERENCE #: _____

COUNTY: _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____

**DRILLING DATA**: ☐ **WELL NOT DRILLED, PERMIT EXPIRED** ☐ **WELL NOT CONVERTED, PERMIT EXPIRED**

DATE DRILLING BEGAN: _____ FINISHED: _____

ELEVATION: KB _____ DF _____ GR _____

ROTARY: FROM _____ TO _____ CABLE: FROM _____ TO _____

TVD.: _____ P.B.T.D. _____

**TEST DATA:**

WERE ELECTRIC OR OTHER WIRELINE LOGS RUN: ☐ YES ☐ NO

TYPE OF LOG: _____ DATE: _____

TYPE OF LOG: _____ DATE: _____

TYPE OF LOG: _____ DATE: _____

WAS WELL CORED: ☐ YES ☐ NO INTERVAL CORED: _____

DRILL STEM TEST RUN: ☐ YES ☐ NO ZONE TESTED: _____

**CONSTRUCTION DATA**:

| CASING | SIZE | SETTING DEPTH | SACKS CEMENT | HOLE SIZE | TOP OF CEMENT | TOP DETERMINED BY |
|---|---|---|---|---|---|---|
| **SURFACE** | | | | | | |
| **INTERMED./MINE STRING / OR LINER** | | | | | | |
| **PRODUCTION** | | | | | | |
| **OTHER** | | | | | | |

**TUBING:** **TYPE:** _____ **SIZE:** _____

**PACKER:** **1. BRAND AND TYPE:** _____ **SETTING DEPTH:** _____

**2. BRAND AND TYPE:** _____ **SETTING DEPTH:** _____

**WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS (AND RESERVOIRS*):**

| FORMATION (AND RESERVOIR*) NAME | LITHOLOGY | PERF. INTERVAL | OPEN HOLE INTERVAL | ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS) |
|---|---|---|---|---|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

**PRODUCTION INFORMATION:**

PRODUCING FORMATIONS (AND RESERVOIRS*): _____

DATE OF FIRST PRODUCTION (OIL TO TANK) _____

DATE OF TEST: (STARTED TESTING TO TANK) _____

LENGTH OF TEST: _____

INITIAL PRODUCTION RATE:

OIL _____ BBLS PER DAY WATER _____ BBLS PER DAY GAS _____ MCF

**INJECTION INFORMATION:**

INJECTION / DISPOSAL FORMATION(s) (AND RESERVOIR(s)*): _____

TYPE OF INJECTED FLUID: ☐ FRESHWATER ☐ SALTWATER ☐ OTHER (SPECIFY) _____

SOURCE OF INJECTED FLUID: _____

DATE OF FIRST INJECTION: _____

RATE PER DAY: _____ BBLS WATER AT _____ PSI

_____ MCF GAS AT _____ PSI

*** If Reservoir is different than Formation, also include the Reservoir name in parentheses.**

**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.**

_____ _____

**SIGNATURE OF PERMITTEE OR DESIGNEE** **TITLE**

_____ _____

**ADDRESS** **DATE**

_____

**CITY, STATE, ZIP**

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Complied Stat. Ch. 225 pars. 725 et. seq. Failure to disclose this information will result in this form not being processed.