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-09A SUPPLEMENTAL
HORIZONTAL & DIRECTIONAL WELL COMPLETION REPORT FORM

WELL ORIENTATION: ☐ DIRECTIONAL ☐ HORIZONTAL

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

PERMITTEE: _____ PERMITTEE #: _____

WELL NAME: _____ PERMIT #: _____

LOCATION: _____ REFERENCE #: _____

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

LEG #	*LOCATION: SH, FEP, BH	PLSS DESCRIPTION (INCLUDE SEC, TWP, RNG & COUNTY IF DIFFERENT FROM ABOVE)	LATITUDE	LONGITUDE	TOTAL VERTICAL DEPTH (TVD)	TOTAL MEASURED DEPTH (TMD)

*For well with multiple legs, please provide locations for SH (surface hole), FEP (formation entry point), and BH (bottom hole) for each leg.

WELL COMPLETION DATA FOR PRODUCING/INJECTING FORMATIONS (AND RESERVOIRS*):

LEG #	FORMATION & RESERVOIR* (if different) NAME	LITHOLOGY	LIST P (perforated) or OH (open hole)	Top to Bottom Depths TVD	Top to Bottom Depths TMD	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)

* If Reservoir is different than Formation, also include the Reservoir name in parentheses. Refer to ILSTRAT: The Online Handbook of Illinois Stratigraphy (http://ilstratwiki.web.illinois.edu/) and/or Bulletin 95 of the Illinois State Geological Survey's Handbook of Illinois Stratigraphy (https://library.isgs.illinois.edu.Pubs/pdfs/bulletins/bul095.pdf) for additional information regarding Formation Names

TUBING:

LEG # _____TYPE: _____ SIZE: _____

LEG # _____TYPE: _____ SIZE: _____

LEG # _____TYPE: _____ SIZE: _____

LEG # _____TYPE: _____ SIZE: _____

LEG # _____TYPE: _____ SIZE: _____

PACKER:

LEG #_____ BRAND AND TYPE: _____ SETTING DEPTH (TMD): _____

LEG #_____ BRAND AND TYPE: _____ SETTING DEPTH (TMD): _____

LEG #_____ BRAND AND TYPE: _____ SETTING DEPTH (TMD): _____

LEG #_____ BRAND AND TYPE: _____ SETTING DEPTH (TMD): _____

LEG #_____ BRAND AND TYPE: _____ SETTING DEPTH (TMD): _____

Attach the following to this form:

- **A plat map to scale and oriented north showing the surface location of the vertical wellbore, surface location of formation entry point, the bottom hole location, and the location and length of each labeled horizontal drainhole**
- **A copy of the directional drilling survey for each directional well and horizontal drainhole**

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.