

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



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

OPERATOR:			OPERATOR #:			
ADDRESS:						
WELL NAME:			PERMIT #:	PERMIT #:		
REFERENCE # IS	REQUIRED. IF REFE	ERENCE # IS NOT AVA	ILABLE, LOCATION	IS REQUIRED.		
		ft OEOW, of the				1/4 of
Sectio	n, Township	, and Range	in		County.	
		ATE IF NO REQUIREME (s) & DEPTH(s):				
DESCRIBE AN	ND DATE ANY REPAIR:	S PERFORMED DURING	GTHE YEAR:			
MONTH	AVERAGE DAILY	INIECTION RATE	MAXIMIT	M INTECTION PE	PESSLIRE (wellh	ead)
WOIVIII	(Bbl/d		WITATENTO	MAXIMUM INJECTION PRESSURE (wellhead) (psig)		
JAN						
FEB						
MAR						
APR						
MAY						
JUN						
JUL						
AUG						
SEP						
OCT						
NOV						
DEC						
ANY ACCOMPA! KNOWLEDGE, S	NYING STATEMENTS TATEMENTS, AND DO	ERTIFY THAT THE PI AND DOCUMENTS AND OCUMENTS ARE TRUI	ND STATES THAT TO E AND CORRECT.			
PERMITTEE, OR I	DESIGNEE, SIGNATUR	E DA'	1E			
ADDRESS						
CITY, STATE		ZIP				