



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)

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. Compiled Stat. Ch. 225 pars. 725 et. seq. Failure to disclose this information will result in this form not being processed.