



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

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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: _____

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

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