



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

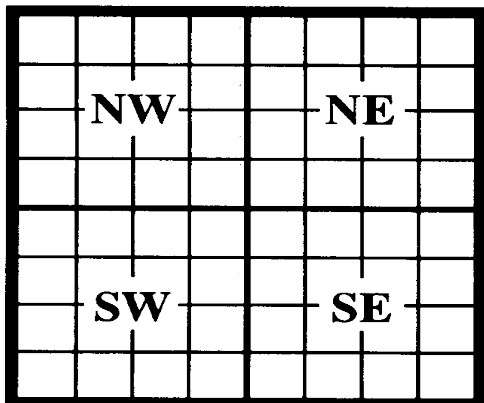
Office of Oil and Gas Resource Management

One Natural Resources Way, Springfield, Illinois 62702-1271 (217) 782-7756



OG-8 TEST HOLE PLUGGING RECORD

Test Hole Location Map:



PLSS: _____ feet ____ North _____ feet ____ East
____ South _____ West
_____ Corner of the _____ Quarter of the _____

Quarter of the _____ Quarter of the _____ Quarter

Section _____ Twp _____ North Range _____ East of
____ South _____ West

the _____ Principal Meridian of _____ County, Illinois

Latitude: _____ Longitude: _____
(Degrees & Decimal Degrees to 6 places North American Datum 1983 accurate to within 3 feet)

DETAILS OF PLUGGING:

FILLED WITH _____ FROM _____ TO _____
(CEMENT OR OTHER MATERIALS)

KIND OF PLUG _____ FROM _____ TO _____

FILLED WITH _____ FROM _____ TO _____

KIND OF PLUG _____ FROM _____ TO _____

(If additional space is needed, please attach complete details of plugging)

PERMIT INFORMATION:

PERMIT NUMBER _____ TEST HOLE NAME / NUMBER _____
DATE PERMIT ISSUED _____ DATE PLUGGING COMPLETED _____
TOTAL DEPTH _____ ; HOLE SIZE _____ IN.; SURFACE HOLE SIZE _____ IN.
PROPERTY OWNER AND ADDRESS _____

DRILLING CONTRACTOR & ADDRESS _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS FORM, INCLUDING
ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE,
CORRECT, AND COMPLETE.

COMPANY NAME _____

INSPECTOR _____

SIGNATURE COMPANY REPRESENTATIVE _____

DATE _____

TITLE _____

☐ WITNESSED PLUGGING

☐ DID NOT WITNESS PLUGGING

DATE _____