



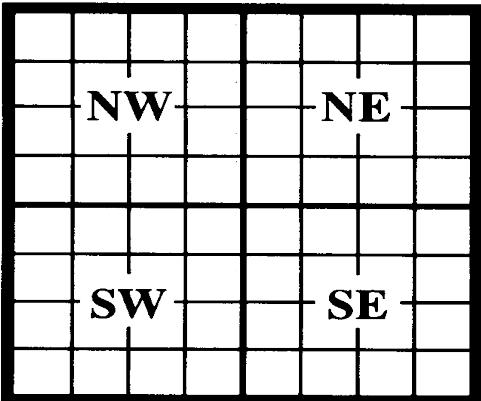
ILLINOIS DEPARTMENT OF NATURAL RESOURCES

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:



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