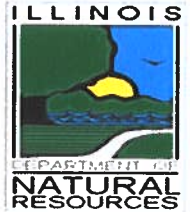




Illinois Department of Natural Resources
Office of Oil and Gas Resource Management

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov (217) 782 - 7756



OG-10A
REQUEST FOR PERMIT AMENDMENT TO DESIGNATE DRILLING UNIT
FOR PREVIOUSLY PERMITTED OIL PRODUCTION WELL

- 1. WELL NAME:
2. REFERENCE NUMBER:
3. PERMIT NUMBER: 4. DATE WELL DRILLED:
5. WELL LOCATION:

Form for well location details including fields for distance in feet, cardinal directions (North, South, East, West), quarter, section, township, range, and county.

- 6. SELECT ONE REASON FOR REQUESTED CHANGE (62 Ill. Adm. Code 240.420(d)):
a. The previously drilled well is located on the boundary line of two or more drilling units
b. The previously drilled well is located less than 10 feet from the drilling unit boundary line
7. List 10 acre quarter-quarter-quarter section drilling unit desired (e.g., NE SE SW) (note: if you selected item 6b, the designated drilling unit must be the 10 acre quarter-quarter-quarter section in which the well resides)

8. Yes No Is the above-referenced well an oil production well and is the location of the well at least 330 feet from the nearest lease boundary line (except any lease boundary line located within a pooled unit), and at least 330 feet from the nearest location of a producing well, a well being drilled, or a well for which a permit has previously been issued, but not yet drilled, for a well to the same individual reservoir.

9. Yes No Have you included a check or money order for the \$400 application fee (62 Ill. Adm. Code 240.420(e))?

10. Name of Applicant/Permittee: Permittee #
Mailing Address:
City, State, Zip Code:

11. Name of Technical Contact for Application:
e-mail: Phone Number:
Mailing Address:
City, State, Zip Code:

12. UNDER PENALTIES OF PERJURY, I CERTIFY THAT

- a. THE PERMITTEE HAS THE RIGHT, PURSUANT TO VALID AND SUBSISTING OIL AND GAS LEASES, DOCUMENTS, OR MEMORANDA OF PUBLIC RECORD, AND/OR STATUTE OR REGULATION, TO DRILL AND OPERATE THE WELL(S) DESCRIBED HEREIN ON THE DRILLING UNIT DESCRIBED IN ITEM 7 OF THIS APPLICATION; AND
- b. THE PERMITTEE HAS REVIEWED THIS APPLICATION TOGETHER WITH ANY ACCOMPANYING STATEMENTS AND DOCUMENTS AND STATES THAT TO THE BEST OF THE PERMITTEE'S KNOWLEDGE, THE REQUEST, STATEMENTS, AND DOCUMENTS ARE TRUE AND CORRECT.

NAME OF PERSON AUTHORIZED TO SIGN (Print)

TITLE

SIGNATURE

DATE

This State agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in 225 ILCS 725/1 et seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.