

ILLINOIS DEPARTMENT OF NATURAL RESOURCES Office of Oil and Gas Resource Management

One Natural Resources Way Springfield, Illinois 62702-1271



(217) 782-7756

OG-15 REQUEST FOR TEMPORARY ABANDONMENT

TYPE OF REPORT: ☐ PRO			IAL REQUES □ OIL □			
PERMITTEE:					PERMITTEE #:	
WELL NAME:						
				REFERENCE #:		
COUNTY:		S	SECTION:	TC	OWNSHIP:RANGE:	
CASING	SIZE	DEPTH	SKS CEMENT	HOLE SIZE	ELEVATION	
		l			WELLHEAD EQUIPMENT	
SURFACE					SWAGE AND VALVE	
INTERMEDIATE					TYPE (EXP)	
PRODUCTION					PACKER DEPTH	
TUBING					TOTAL DEPTH	
TEMPORARY PLUG SET:	Y	N	DEPTH		DEPTH OF UPPERMOST PERFORATIONS	
REASON FOR REQUEST:						
SIGNATURE OF PERMITTEE AND TITLE				ENT USE	DATE	
IF GAS WELL, IS GAS AT SURFACE? PROPERLY CONFIGURED WELLHEAD? ARE LINES UNHOOKED? ACTIVE PRODUCTION ON LEASE? YES NO COMMENTS:				NO F NO BASE OF I FLUID LE	INSPECTOR REVIEW: PRESSURE TEST RUN? ☐ YES ☐ NO ☐ PASS ☐ FAIL FRESHWATER	
WELL INSPECTOR SIGNATURE					DATE INSPECTED	
FLUID LEVEL CHECK WITNESSED? YES NO					FIELD APPROVED? ☐ YES ☐ NO	
PERMIT UNIT REVIEW:						
PERMIT APPROVED:	INITIA	LS	DATE		RENEWAL DATE	