

One Natural Resources Way Springfield, Illinois 62702-1271



www.dnr.illinois.gov

(217) 782 - 7756

Reference #:		LOCATION	Section:	Township:		Range:
Permittee #: ittee Name:		County:		LAT:		LONG:
Well Name:						
Well Type:	_	_	_			
weii Type.	Oil Production	Gas Production	O Injection			
<u>Evaluation</u>						
				a proper bond? _	○ Yes	○ No
				plugging fund?	○ Yes	○ No
				above ground?	○ Yes	○ No
Is the well capp		configured to monitor			○ Yes	○ No
		he well equipped with			O Yes	○ No
	Has the lease	been inactive over th	e last 24 conse	cutive months?	○ Yes	○ No
Method use	ed to meet TA requir	ements:				
Comments:						
Comments:						
Comments:						
Comments:						
Comments:						
Comments:						
Comments:						
	Inspector's Name			Dati	te	



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(217) 782 - 7756

Reference #: 0 Permittee #: UNKNOWN Permittee Name:	LOCATION County: 0	Section:	0	Township: LAT: 0	0	Range: 0 LONG: 0.000000
Well Name: 0 Well Type: Oil Production	○ Gas Production	O Injection	ı			
<u>Evaluation</u>						
		the well have			Yes	O No
		the well in th			O Yes	● No
		the wellhea		_	Yes	O No
Is the well capped with a valve and	-	-			O Yes	● No
	e well equipped with			_	Yes	No
Has the lease b	een inactive over the	e last 24 cons	secutiv	ve months?_	○ Yes	● No
Method used to meet TA require	ments:	Static F	luid Le	vel Measurem	ent	
		Ground E	Elevati	ion of Well:	600	feet
Undergrou	ınd Safe Drinking Wa	ter Depth (fr	rom U	SDW map):	350	feet
	Dept	h to the Base	e of Fr	esh Water:	250	feet
Static Flu	iid Level Measureme	nt (must be a	at leas	st 350 feet):	350	feet
		tic Fluid Lev			6/22/2	2020
Temporary Abandonmen	t status is granted for	2 years, exp	oires 0	6/22/2022.		
Enter LONGITUDE:	Enter LATI	TUDE:				
Comments:						
Inspector's Name				Dat	te	
emailed to:						



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Reference #: 0 Permittee #: UN Permittee Name: Well Name: 0	KNOWN	LOCATION County: 0	Section:	0	Township: LAT: (0.000000	Range: (LONG: 0.000
Well Type:	Oil Production	Gas Production	O Injection	n			
<u>Evaluation</u>			_				
Evaluation		Does	the well hav	∕e a nr	oner hond?	Yes	O No
			the well in t			O Yes	○ No No
			s the wellhe			Yes	O No
Is the well capp	ed with a valve and	d configured to monit				O Yes	● No
		the well equipped wit				Yes	O No
	Has the lease	been inactive over th	ie last 24 con	secuti	ve months?	Yes	No
Method used	d to meet TA requi	rements: Rete s	st Static Fluid	Level N	leasurement (48-96 hour t	est).
			Ground	Elevat	ion of Well:	600	feet
	Undergro	ound Safe Drinking W	ater Depth (f	from U	SDW map):	350	feet
		Dep	th to the Bas	se of F	resh Water:	250	feet
	Static F	luid Level Measurem				350	feet
			tatic Fluid Lev			6/22/2	
A status granted for		uid was removed (mu: /22/2021). A retest is			=	49	hours
Enter LONGI Comments:	TUDE:	Enter LAT	TITUDE:				
Ir.	spector's Name				Da	ıte	
emailed to:							



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Reference #: 0	LOCATION	Section:	0	Township:	0	Range:
Permittee #: UNKNOWN	County: 0			LAT: 0	.000000	LONG: 0.00
nittee Name:						
Well Name: 0						
Well Type						
Well Type: Oil Production	Gas Production	O Injectio	n			
<u>Evaluation</u>						
	Does	the well hav	ve a pr	oper bond?	Yes	○ No
	Is	the well in t	the plu	gging fund?	O Yes	No
	Is	the wellhe	ad abo	ve ground?	Yes	O No
Is the well capped with a valve and				_	O Yes	No No
	e well equipped with				Yes	O No
				_		
Has the lease t	peen inactive over the	e last 24 cor	isecuti	ve months?_	O Yes	● No
Method used to meet TA require	ements: Retest S	tatic Fluid Le	vel Me	asurement (9-1	2 Month In	terval).
		Ground	Elevat	ion of Well:	600	feet
Undergrou	und Safe Drinking Wa	ter Denth (from l	ISDW man):	350	feet
0.140.8.00				resh Water:	250	feet
	Бер	in to the ba.	30 01 1	resir water.	230	icci
Static Flu	uid Level Measureme	nt (must be	at lea	st 350 feet):	350	feet
	Date of St	atic Fluid Le	vel Me	asurement:	6/22/2	2020
Temporary Abandonment	status is granted for	2 years, ex	nires 0	6/22/2022	-, ,	
Enter LONGITUDE:	Enter LAT	TUDE:				
Comments:						
				Da	<u> </u>	



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Reference #: 0	LOCATION	Section:	0	Township:	0	Range:	0
Permittee #: UNKNOWN	County: 0			LAT: (0.000000	LONG: 0.0	0000
nittee Name:							
Well Name: 0							
Well Type: Oil Production	C Gas Production	○ Injection	n				
Oil Froduction	Gas Production	O Injectio	n				
<u>Evaluation</u>							
Evaluation	Door	the well hav	10 2 DI	roper bond?	Yes	O N-	
						O No	
				ugging fund?_	O Yes	● No	
				ove ground?_	Yes	No	
Is the well capped with a valve and				_	O Yes	● No	
	he well equipped with			_	Yes	No	
Has the lease	been inactive over the	e last 24 con	secut	ive months? _	○ Yes	No	
Method used to meet TA requir	rements: Set	CIBP, Remove	e Fluid	& Measure Sta	atic Fluid Lev	el.	
		Ground	Eleva	tion of Well:	600	feet	
Undergro	ound Safe Drinking Wa	iter Depth (f	rom l	JSDW map):	350	feet	
	Dep	th to the Bas	se of F	resh Water:	250	feet	
			Тор	of Cement:	350	feet	
Depth to	top of uppermost per	forated or o	pen h	ole interval:	950	feet	
Cast Iron Bridge Plug Setting De	pth: (accpetable dept	h range, 750) feet	to 950 feet):	750	feet	
Depth to fluid by measur	ement after setting pl	ug (must be	at lea	st 350 feet):	400	feet	
·				easurement:	6/22/2	2020	
Temporary Abandonmer	nt status is granted for	2 years, exp	oires (06/22/2022 .			
Enter LONGITUDE:	Enter LAT	ITUDE:					
Comments:							
Inspector's Name		_		Da	ıte		



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Reference #: 0 Permittee #: UNKNOWN nittee Name:	LOCATION Section: County: 0	0 Township: LAT:	0 0.000000	Range: 0 LONG: 0.0000
Well Type:				
Oil Production	Gas Production Inject	tion		
<u>Evaluation</u>				
		nave a proper bond?	Yes	O No
		n the plugging fund?	O Yes	● No
Is the well conned with a value		nead above ground?	● Yes	No
• •	and configured to monitor casing on Is the well equipped with an intact	•	Yes	● No ○ No
	ase been inactive over the last 24 c		Yes Yes	No No
rias tile ie	ase been mactive over the last 24 c	onsecutive months:		(a) 140
Method used to meet TA re	quirements:	Set CIBP & Pressure Te	st	
	Groui	nd Elevation of Well:	600	feet
Unde	ground Safe Drinking Water Depth		350	feet
		Base of Fresh Water:	250	feet
		Top of Cement:	850	feet
Depth	to top of uppermost perforated o	r open hole interval:	950	feet
Cast Iron Bridge Plug Setting	Depth: (accpetable depth range, 8	350 feet to 950 feet):	850	feet
	С	ate of Pressure Test	6/22/	2020
		Test Start Time:	2:15	
		Test End Time:	3:00	
	Length of Test (min.) (minir		0:45	Minutes
Initial Cas	ing Pressure (PSI) (minimum testir		300	PSI
	Final C	asing Pressure (PSI):	285	PSI
Temporary Abandon Enter LONGITUDE: Comments:	ment status is granted for 5 years, Enter LATITUDE:	expires 06/21/2025.		
 Inspector's Name		ח	ate	
mspector 3 Nume		D	416	



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Reference #: 0		LOCATION	Section:	0	Township:	0	Range:	0
Permittee #: UN	KNOWN	County: 0			LAT: 0	.000000	LONG: 0	.000000
nittee Name:								
Well Name: 0								
Well Type:	Oil Production	Gas Production	O Injectio	on				
			_					
<u>Evaluation</u>		_				I		
					oper bond?	Yes	O No	
					igging fund?	O Yes	● No	
In the account on the					ove ground?_	Yes	No	
is the well capp		configured to monito				O Yes	● No	
		he well equipped with been inactive over th			_	Yes	O No	
						O Yes	● No	
	Does t	he well have sustaine	a gas pressi	ure at i	ine surrace?	YES		
Method use	d to meet TA requir	rements: Gas	Well with su	ustaine	d gas pressure a	nt the surfa	ce.	
.			. 2		26 /22 /2022			
Ten	iporary Abandonm	ent Status Granted fo	r 2 years, ex	kpires (06/22/2022.			
Enter LONGI	TUDE:	Enter LAT	ITUDE:					
Enter LONGI Comments:	TUDE:	Enter LAT	ITUDE:					
	TUDE:	Enter LAT	ITUDE:					
	TUDE:	Enter LAT	ITUDE:					
	TUDE:	Enter LAT	ITUDE:					
	TUDE:	Enter LAT	ITUDE:					
	TUDE:	Enter LAT	ITUDE:					
	TUDE:	Enter LAT	ITUDE:					
	TUDE:	Enter LAT	ITUDE:					
Comments:	TUDE:	Enter LAT	ITUDE:		Dati	е		



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Reference #: 0		LOCATION	Section:	0	Township:	0	Range:	0
Permittee #: UNKNO	OWN	County: 0)		LAT: (0.000000	LONG: 0	.00000
mittee Name:		•						
Well Name: 0								
Well Type:	Oil Production	Gas Production	O Injecti	on				
<u>Evaluation</u>								
		Does	the well ha	ive a p	roper bond?	Yes	○ No	
		Is	the well in	the plu	ugging fund?	(Yes	No	
					ove ground?	Yes	O No	
Is the well canned v	with a valve an	d configured to monito			_	O Yes	(ii) No	
is the wen capped t		the well equipped with	_			~		
					_	Yes	O No	
		been inactive over the			_	O Yes	● No	
	Does	the well have sustaine	d gas press	ure at	the surface?	NO		
Method used to	meet TA requi	rements:						
	·							
	Any of th	aca mathada may	المحدد مطا	مانصناء	ar to oil aro	duction	well	
	Any or tr	nese methods may	be used	Simila	ar to on pro	auction	weii.	
	•	Static Fluid Level M	1easureme	ent				
	•	Retest Static Fluid I	Lovel Mes	curon	aan+ //2 06	agur tact	١	
	_							
	•	Dotoct Static Fluid I	Level Mea	curon	200+ (Q 12 N	Ionth Inte	orval)	
	•	Retest Static Fluid I	LC VCI IVICA	suren	TELLE (3-12 IV		ervarj.	
							ervarj.	
		Set CIBP, Remove F	luid & Me				ervarj.	
			luid & Me				ei vaij.	
		Set CIBP, Remove F	luid & Me				ei vaij.	
		Set CIBP, Remove F	luid & Me				ervarj.	
		Set CIBP, Remove F	luid & Me				ei vaij.	
		Set CIBP, Remove F	luid & Me				eivai).	
		Set CIBP, Remove F	luid & Me				eivaij.	
		Set CIBP, Remove F	luid & Me				eivaij.	
		Set CIBP, Remove F	luid & Me				ervarj.	
Enter LONGITUD	•	Set CIBP, Remove F Set CIBP & Pressure	Fluid & Me e Test				ervarj.	
Enter LONGITUE	•	Set CIBP, Remove F	Fluid & Me e Test				ervarj.	
Enter LONGITUE Comments:	•	Set CIBP, Remove F Set CIBP & Pressure	Fluid & Me e Test				ervarj.	
	•	Set CIBP, Remove F Set CIBP & Pressure	Fluid & Me e Test				ervarj.	
	•	Set CIBP, Remove F Set CIBP & Pressure	Fluid & Me e Test				ervarj.	
	•	Set CIBP, Remove F Set CIBP & Pressure	Fluid & Me e Test				ervarj.	
	•	Set CIBP, Remove F Set CIBP & Pressure	Fluid & Me e Test				ervarj.	
	•	Set CIBP, Remove F Set CIBP & Pressure	Fluid & Me e Test				ervarj.	
	•	Set CIBP, Remove F Set CIBP & Pressure	Fluid & Me e Test				ervarj.	
	•	Set CIBP, Remove F Set CIBP & Pressure	Fluid & Me e Test				ervarj.	
	•	Set CIBP, Remove F Set CIBP & Pressure	Fluid & Me e Test				ervarj.	
Comments:	•	Set CIBP, Remove F Set CIBP & Pressure	Fluid & Me e Test			Level.	ervarj.	
Comments:	DE:	Set CIBP, Remove F Set CIBP & Pressure	Fluid & Me e Test		e Static Fluid	Level.	ervarj.	



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Reference #: 0		LOCATION	Section:	0	Township:	0	Range:	0
Permittee #: UN	IKNOWN	County: 0			LAT: 0	.000000	LONG: 0	0.000
nittee Name:								
Well Name: 0								
Well Type:	O. Oil Duadoutian	O. Con Breakerstine						
	Oil Production	Gas Production	Injection	l				
<u>Evaluation</u>								
		Does	the well have	e a pr	oper bond?	Yes	O No	
			the well in th			O Yes	● No	
			the wellhea			Yes	○ No	
Is the well capp	ed with a valve and	d configured to monito				O Yes	(iii) No	
		the well equipped with			_	Yes	O No	
		been inactive over the				O Yes	(iii) No	
		ne well previously esta				NO		
Method use	d to meet TA requi	rements:	Set	CIBP 8	k Pressure Test	i .		
			Ground I	Elevat	ion of Well:	450	feet	
	Undergro	ound Safe Drinking Wa	ter Depth (fi	om U	SDW map):	200	feet	
	_		h to the Bas			250	feet	
Continue Britis		top of uppermost per				1950	feet	
Cast Iron Bridg	e Plug Setting Dept	h: (accpetable depth r	ange, 1750 f	eet to	1950 feet):	1925	feet	
			Date	of Pr	essure Test	6/22/	2020	
				Test	Start Time:	3:00		
				Tes	t End Time:	3:30		
		Length of Test (mi	n.) (minimuı	m leng	gth 30 min):	0:30	Minutes	
	Initial Casing	g Pressure (PSI) (minim	ium testing p	ressu	re 300 PSI):	300	PSI	
			Final Casi	ng Pre	essure (PSI):	289	PSI	
Temp Enter LONGI Comments:		ent status is granted fo Enter LATI		oires C	06/21/2025.			
							_	
l i	nspector's Name				Da	te		



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Reference #: 0 Permittee #: UNKNOWN Permittee Name:	LOCATION County: 0	Section: 0	•	0	Range: 0 LONG: 0.000000
Well Type: Oil Production	Gas Production	Injection			
<u>Evaluation</u>					
			proper bond?	Yes	O No
			plugging fund?	O Yes	No No
teritorio di conservato di Silvano di Conservato di Conser			above ground?	Yes	No
Is the well capped with a valve and c	configured to monitor e well equipped with			O Yes	● No
			_	Yes	O No
	een inactive over the well previously estal		_	O Yes YES	● No
rias tile	well previously esta	biisiieu ilieciia	inical integrity:	TES	
Method used to meet TA require	ments:	Static Flui	d Level Measuren	nent	
		Ground Ele	vation of Well:	600	feet
Undergrou	nd Safe Drinking Wat	ter Depth (fror	m USDW map):	350	feet
	Deptl	n to the Base o	of Fresh Water:	250	feet
Static Flu	id Level Measuremer			350	feet
			Measurement:	6/22/	2020
Temporary Abandonment	status is granted for	2 years, expire	es 06/22/2022.		
Enter LONGITUDE:	Enter LATI	TUDE:			
Comments:					
E d. Al					
Inspector's Name			Da	ite	
and the date.					
emailed to:					



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Reference #: 0		LOCATION	Section:	0	Township:	0	Range: 0
Permittee #: UN	KNOWN	County: 0		3	-	0.000000	LONG: 0.00000
Permittee Name:		30 a, 1			2		20.10. 0.0000
Well Name: 0							
Well Type:							
iven Type.	Oil Production	Gas Production	Injec	tion			
<u>Evaluation</u>							
Evaluation		Does	the well h	ave a pr	oper bond?	Yes	○ No
					gging fund?	O Yes	⊕ No
					ve ground?	Yes	O No
Is the well capp	ed with a valve and	configured to monito				O Yes	● No
is the trem supp		ne well equipped with				Yes	O No
		been inactive over the				O Yes	● No
		e well previously esta			_	YES	
	1103 111	e wen previously este	1011311CG 11	recriame	ar irregitty.	123	
Method user	d to meet TA requir	ements: Tuhin	g and Pack	or Installe	ed, MIT condu	cted and na	hazz
	•	·	•		•	•	
TA si	tatus granted for 5 v	years from last succes	sful MIT,		MIT passed: 07/30/2020.	8/1/	2015
Enter LONGI Comments:	TUDE:	Enter LAT	ITUDE:				
	nspector's Name		-		Da	ıte	
emailed to:							



Illinois Department of Natural Resources One Natural Resources Way Springfield, Illinois 62702-1271



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Well Type: Oil Production Gas Production Featuration Does the well in the plugging fund? Yes No Is the well in the plugging fund? Yes No Is the well capped with a valve and configured to monitor casing or annular pressure? Yes No Is the well capped with a valve and configured to monitor casing or annular pressure? Yes No Is the well ease been inactive over the last 24 consecutive months? Yes No No Has the lease been inactive over the last 24 consecutive months? Yes No No West No No Is the well is in the plugging fund and cannot be TA'd This well is in the plugging fund and cannot be TA'd Enter LONGITUDE: Enter LATITUDE: Comments: Date Date	Reference #: 0 Permittee #: UN Permittee Name:	IKNOWN	LOCATION County: 0	Section:	0	Township: LAT: 0	0.000000	Range: LONG: 0.	0 000000
Does the well have a proper bond?		Oil Production	Gas Production	O Injection	on				
Is the well in the plugging fund? Is the well-ward above ground? Is the well-ward above ground? Is the well capped with a valve and configured to monitor casing or annular pressure? Is the well equipped with an intact leak free wellhead? Yes No Has the lease been inactive over the last 24 consecutive months? Yes No Method used to meet TA requirements: This well is in the plugging fund and cannot be TA'd Enter LONGITUDE: Comments: Inspector's Name Date	Evaluation								
Is the well capped with a valve and configured to monitor casing or annular pressure? Is the well capped with a valve and configured to monitor casing or annular pressure? Is the well equipped with an intact leak free wellhead? Yes No Has the lease been inactive over the last 24 consecutive months? Yes No Method used to meet TA requirements: This well is in the plugging fund and cannot be TA'd Enter LONGITUDE: Comments: Comments: Inspector's Name Date							_	O No	
Is the well capped with a valve and configured to monitor casing or annular pressure? Yes No Is the well equipped with an intact leak free wellhead? Yes No Has the lease been inactive over the last 24 consecutive months? Yes No Method used to meet TA requirements: This well is in the plugging fund and cannot be TA'd Enter LONGITUDE: Enter LATITUDE: Comments: Inspector's Name Date							_		
Is the well equipped with an intact leak free wellhead? Yes No Has the lease been inactive over the last 24 consecutive months? Yes No Method used to meet TA requirements: This well is in the plugging fund and cannot be TA'd Enter LONGITUDE: Comments: Inspector's Name Date	la tha wall same	مرا مینادان و مادند و ما					_		
Method used to meet TA requirements: This well is in the plugging fund and cannot be TA'd Enter LONGITUDE: Comments: Inspector's Name Date	is the well capp								
Method used to meet TA requirements: This well is in the plugging fund and cannot be TA'd Enter LONGITUDE: Comments: Inspector's Name Date							_		
Enter LONGITUDE: Comments: Inspector's Name Date		rias tile lease	been mactive over the	1831 24 00	nsecuti	ve months: _	O les	0 110	
Comments: Inspector's Name Date	Method use	d to meet TA requir	ements: This	well is in th	ne plugg	ging fund and c	annot be T	A'd	
Comments: Inspector's Name Date									
Comments: Inspector's Name Date									
Comments: Inspector's Name Date									
Comments: Inspector's Name Date									
Comments: Inspector's Name Date									
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Comments: Inspector's Name Date	Enter LONG	ITLIDE:	Enter I ATI	TUDE					
Inspector's Name Date		TIODE.	LIILEI LAII	I JUL.					
	Comments.								
	1								
		nspector's Name				Da	te		
emailed to:		•							
	emailed to:								



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Reference #: 0 Permittee #: UN Permittee Name:	KNOWN	LOCATION County: 0	Section:	0	Township: LAT: 0	0.000000	Range: 0 LONG: 0.000000
Well Type:	Oil Production	Gas Production) Injectio	on			
Evaluation							
		Does	the well ha	ve a pr	oper bond?	O Yes	○ No
		Is	the well in	the plu	gging fund?	O Yes	○ No
		Is	the wellhe	ead abo	ve ground? _	O Yes	○ No
Is the well capp		configured to monito				O Yes	○ No
	Is th	e well equipped with	an intact l	eak free	e wellhead? _	○ Yes	○ No
	Has the lease l	been inactive over the	e last 24 co	nsecuti	ve months?	Yes	○ No
Method use	d to meet TA require	ements: Well aban	doned & no	et eligibl	e for TA status	, pending a	hearing.
Enter LONGI	TUDE:	Enter LATI	TUDE:				
Comments:							
		_		D~4	÷0		
11				Dat	.e		
emailed to:							