

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-4 APPLICATION TO AMEND A CLASS II INJECTION WELL PERMIT

	AMENDMENT TYPE: (CHECK ALL THAT APPLY) (SEE OG-4 GUIDANCE 1.0)	O INJECTION INTERVAL O INJECTION FLUID	_) INJECTION) WELL LOC		O Injection Pressure				
	WELL NAME:									
	PERMIT #:	r	DATE ISSUE	D:		REFERENCE #:				
WELL	<u>LOCATION</u>									
Ground Elevation of the proposed wellfeet										
PLSS:_	teet	North andSouth	teet	O EAST	of the	Corner of the				
	QUARTER	of the	QUARTER (of the	Qu,	ARTER Of				
	SECTION of	Township	and Rang	E	in	County				
GPS:	Latitude	Longitude								

IN ADDITION TO COMPLETING THE ABOVE AND PAGE 4, COMPLETE PAGE 2 OF THE APPLICATION FOR EACH AMENDMENT TYPE AS FOLLOWS (SEE OG-4 GUIDANCE 1.1):

 AMENDMENT TYPE
 ITEMS
 AMENDMENT TYPE
 ITEMS

 INJECTION INTERVAL
 1-14
 INJECTION RATE
 14-16

 INJECTION PRESSURE
 14, 17 & 18
 INJECTION FLUID
 1 & 14

IF REQUESTING A WELL LOCATION CHANGE, COMPLETE PAGE 3 OF THIS APPLICATION UTILIZING AN ILLINOIS LICENSED LAND SURVEYOR OR ILLINOIS REGISTERED PROFESSIONAL ENGINEER (SEE OG-4 GUIDANCE 1.2)

1.	Does this application include a complete injection fluid analysis? (see OG-4 Guidance 2.1)	O YES	O NO
2.	Does the application include a complete well schematic reflecting the present status of the well?	O YES	O NO
	Does the application include a complete well schematic of the proposed status of the well?	O YES	O NO
	(See OG-4 Guidance 2.2 for item 2) Note that the top and bottom depths of all perforated intervals in the casing and the geologic name (formation name and reservoir name if different than formation) and the depth of the top and bottom of the (formation and reservoir if different than formation) proposed injection interval need to be included.		J
3.	Does this application include a map identifying the following: (see OG-4 Guidance 2.3)	() (200)
	 The proposed well; boundaries of the leasehold or enhanced oil recovery unit if applicable; and the location of all wells penetrating the proposed injection interval located within ¼ mile of the proposed well. 	O YES YES YES	NO NO
4.	Does the application include cementing, casing, and plugging records for all wells penetrating the injection interval that are located within the $\frac{1}{4}$ mile area of review? (see OG-4 Guidance 2.4)		O NO Supplied Request
5.	Is the proposed well located within the limits of any incorporated city, town or village?	O YES	NO
6.	Is the proposed well located within 200 feet of a potable water well? (see OG-4 Guidance 2.5)	O YES	NO
7.	Is the proposed well located within 2,500 feet of a municipal water supply well? (see OG-4 Guidance 2.5)	O YES	NO NO
8.	Are any fresh water wells located within ¼ mile of the proposed injection well? (see OG-4 Guidance 2.6) If the answer is "Yes", does the application include a standard laboratory analysis of fresh water from 2 or more freshwater wells located within ¼ mile of the proposed well or a statement explaining why the analysis could not be obtained?	O YESO YES	NO NO
9.	Is a copy of the Certification of Publication included with this application? (see OG-4 Guidance 2.7A)	O YES	NO
10.	Does the application contain a list identifying each permittee of a producing leasehold located within ¼ mile of the proposed well and each surface owner on which the proposed well is to be located? (see OG-4 Guidance 2.7B) If the permittee is the surface owner or there are no other permittees of a producing leasehold located within ¼ mile of the proposed well, include a statement to that effect.	O YES	O NO
11.	Does the application include evidence that each permittee or surface owner from question #10 was provided notice containing, at minimum, the same information as the published notice along with the original or a copy of each certified mail receipt card? (see OG-4 Guidance 2.7B)	O YES	NO NO
12.	An application fee of \$300 is required for an amendment of the injection interval. Does your application include payment of the required fee? (a fee is only required for an amendment of the injection interval)	O YES	NO NO
13.	Has the applicant ever had a well bond forfeited to the department?	O YES	NO
14.	Is the well located within the limits of an underground gas storage field, or within any protective boundary shown on the gas storage operators map? (see OG-4 Guidance 2.8) If the answer is "YES", is a copy of an agreement with the gas storage operator included with this application?	O YES O YES	O NO O NO
15.	Provide the proposed Maximum Injection Rate (MIR) in barrels/day.		B/D
16.	Is the applicant requesting the MIR to be validated by using a static fluid level measurement? (see OG-4 Guidance 2.9) If "YES", is the necessary documentation included in the application?	O YES	NO NO
17.	Provide the proposed Maximum Injection Pressure (MIP) in PSI.		PSI
18.	Is the applicant requesting the MIP to be validated by using a treatment or step rate test? (see OG-4 Guidance 2.10) If "YES", is the necessary documentation included in the application?	O YES O YES	NO NO

WELL LOCATION																	
Ground Elevation of the proposed wellfeet																	
PLSS:		O North feet and					O EASTfeet of the						Cor	CORNER of the			
_		O South					O WEST										
		c	UARTE	R of the			Qı	QUARTER of the			Quarter of						
	SECTION_	SECTIONof Township			ar	nd Ran o	GE		in				COUNTY				
GPS:	Latitude_				Longi	tude _											
	Outline your lease or unit boundaries below and spot the well location and all wells within 1/4 mile.																
																5	
						N	W			N	E						
	:																
						S	W			S	E						
																1	

The smallest squares in the above diagram are 660' X 660' and contain 10 acres each.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE <u>LOCATION AND ELEVATION</u> OF THE ABOVE DESCRIBED WELL, FIXED AS THE RESULT OF AN INSTRUMENT SURVEY MADE BY ME IN COMPLIANCE WITH THE ILLINOIS OIL AND GAS ACT, IS TRUE AND CORRECT AND I HAVE SET A STAKE AT THE EXACT LOCATION DESIGNATED ABOVE

SIGNATURE OF REGISTERED ILLINOIS LAND SURVEYOR OR REGISTERED ILLINOIS PROFESSIONAL ENGINEER										
STREET ADDRESS	CITY	STATE	ZIP							

Permittee Information Permittee#: Name: Address: Zip Code: _____ City: State:____ **Technical Contact for application** Name: City: Zip Code: UNDER PENALTIES OF PERJURY, I CERTIFY THAT: 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: AND 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

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.

62 III.Adm.Code 240.330

SIGNATURE