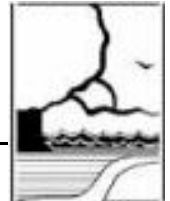




ILLINOIS DEPARTMENT OF NATURAL RESOURCES
Office of Oil and Gas Resource Management

(217) 782-7756

One Natural Resources Way
 Springfield, Illinois 62702-1271



OG-17 SECONDARY/TERTIARY OIL RECOVERY PROJECT
ANNUAL REPORT FOR THE YEAR ENDING 20__

Project Classification: Secondary Tertiary

PERMITTEE: _____ PERMITTEE #: _____

PROJECT NAME: _____

FIELD NAME: _____

SEC: _____ TWP: _____ RNG: _____ COUNTY: _____

FORMATION(S): _____

LEASE(S): _____

TABLE I INJECTION FLUID AND VOLUME*				
FLUID	SOURCE	DAYS OF INJECTION	CURRENT YEAR (BBL)	CUMULATIVE (BBL)
WATER (NaCl ppm)				
OTHER(S)				

TABLE II PRODUCTION (Secondary & Tertiary)			
Oil (bbl)		Water (bbl)	
Current Year	Cumulative	Current Year	Cumulative

TABLE III PROJECT INFORMATION			
Date of First Injection:		Date Purchased:	
Previous Operator:		Previous Project Name:	
Acres in Field:		Acres in Project Area:	
Well Spacing _____ Acres		Well Pattern:	
Number of Project Wells:			
Injection:	Production:	Observation:	Disposal:

TABLE IV RESERVOIR DATA **		
Avg. Depth to Top of Pay _____ ft.		Avg. Pay Thickness _____ ft.
Avg. Permeability _____ md.	Avg. Porosity _____ %	Crude Gravity _____ deg. API

*For Tertiary Projects, give detailed information on the back.

**List on the back if more than one formation.

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the "Oil and Gas Act". Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by the Forms Management Center. IL472-0204
 IL472-0266