



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

[www.dnr.illinois.gov](http://www.dnr.illinois.gov)

(217) 782 - 7756



**OG-15A INSPECTOR'S TEMPORARY ABANDONMENT REPORT**

**Reference #:** \_\_\_\_\_ **LOCATION** Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
**Permittee #:** \_\_\_\_\_ County: \_\_\_\_\_ LAT: \_\_\_\_\_ LONG: \_\_\_\_\_  
**Permittee Name:** \_\_\_\_\_  
**Well Name:** \_\_\_\_\_  
**Well Type:**  Oil Production  Gas Production  Injection

Evaluation

Does the well have a proper bond?	<input type="radio"/> Yes	<input type="radio"/> No
Is the well in the plugging fund?	<input type="radio"/> Yes	<input type="radio"/> No
Is the wellhead above ground?	<input type="radio"/> Yes	<input type="radio"/> No
Is the well capped with a valve and configured to monitor casing or annular pressure?	<input type="radio"/> Yes	<input type="radio"/> No
Is the well equipped with an intact leak free wellhead?	<input type="radio"/> Yes	<input type="radio"/> No
Has the lease been inactive over the last 24 consecutive months?	<input type="radio"/> Yes	<input type="radio"/> No

Method used to meet TA requirements: \_\_\_\_\_

Comments:

\_\_\_\_\_  
*Inspector's Name*

\_\_\_\_\_  
*Date*

emailed to:



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**OG-15A INSPECTOR'S TEMPORARY ABANDONMENT REPORT**

Reference #: 0      LOCATION    Section: 0    Township: 0    Range: 0  
Permittee #: UNKNOWN      County: 0      LAT: 0.000000      LONG: 0.000000

**Permittee Name:**

**Well Name: 0**

**Well Type:**     Oil Production     Gas Production     Injection

Evaluation

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| Does the well have a proper bond?   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| Is the well in the plugging fund?   | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| Is the wellhead above ground?   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| Is the well capped with a valve and configured to monitor casing or annular pressure? | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| Is the well equipped with an intact leak free wellhead?                               | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| Has the lease been inactive over the last 24 consecutive months?                      | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |

Method used to meet TA requirements:

**Static Fluid Level Measurement**

Ground Elevation of Well:	600	feet
Underground Safe Drinking Water Depth (from USDW map):	350	feet
Depth to the Base of Fresh Water:	250	feet

Static Fluid Level Measurement (must be at least 350 feet):	350	feet
Date of Static Fluid Level Measurement:	6/22/2020	

Temporary Abandonment status is granted for 2 years, expires 06/22/2022.

Enter LONGITUDE: [ ] Enter LATITUDE: [ ]

Comments:

\_\_\_\_\_  
*Inspector's Name*

\_\_\_\_\_  
*Date*

emailed to:









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### OG-15A INSPECTOR'S TEMPORARY ABANDONMENT REPORT

Reference #: 0                                  LOCATION    Section:   0       Township:    0                                  Range:     0  
 Permittee #: UNKNOWN                        County:   0                                  LAT: 0.000000                                  LONG: 0.000000

**Permittee Name:**

**Well Name:** 0

**Well Type:**         Oil Production         Gas Production         Injection

Evaluation

- Does the well have a proper bond?         Yes         No
- Is the well in the plugging fund?         Yes         No
- Is the wellhead above ground?         Yes         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:                                  **Set CIBP & Pressure Test**

Ground Elevation of Well:                                  600 feet

Underground Safe Drinking Water Depth (from USDW map):                                  350 feet

Depth to the Base of Fresh Water:                                  250 feet

Top of Cement:                                  850 feet

Depth to top of uppermost perforated or open hole interval:                                  950 feet

Cast Iron Bridge Plug Setting Depth: ( acceptable depth range, 850 feet to 950 feet):                                  850 feet

Date of Pressure Test                                  6/22/2020

Test Start Time:                                  2:15

Test End Time:                                  3:00

Length of Test (min.) (minimum length 30 min):                                  0:45        Minutes

Initial Casing Pressure (PSI) (minimum testing pressure 300 PSI):                                  300        PSI

Final Casing Pressure (PSI):                                  285        PSI

Temporary Abandonment status is granted for 5 years, expires 06/21/2025.

Enter LONGITUDE: [ ]                                  Enter LATITUDE: [ ]

Comments:  
 [ ]

\_\_\_\_\_ Date

*Inspector's Name*

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**OG-15A INSPECTOR'S TEMPORARY ABANDONMENT REPORT**

**Reference #:** 0    **LOCATION**    Section:    0                      Township:    0                      Range:    0  
**Permittee #:** UNKNOWN    County: 0    LAT: 0.000000                      LONG: 0.000000

**Permittee Name:**

**Well Name:** 0

**Well Type:**     Oil Production                       Gas Production                       Injection

Evaluation

Does the well have a proper bond?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the well in the plugging fund?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is the wellhead above ground?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the well capped with a valve and configured to monitor casing or annular pressure?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is the well equipped with an intact leak free wellhead?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Has the lease been inactive over the last 24 consecutive months?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Does the well have sustained gas pressure at the surface?	YES	

Method used to meet TA requirements:                      **Gas Well with sustained gas pressure at the surface.**

Temporary Abandonment Status Granted for 2 years, expires 06/22/2022.

Enter LONGITUDE: [ ]                      Enter LATITUDE: [ ]

Comments:

\_\_\_\_\_ \_\_\_\_\_  
*Inspector's Name*    *Date*

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## OG-15A INSPECTOR'S TEMPORARY ABANDONMENT REPORT

<b>Reference #:</b> 0	<b>LOCATION</b>	Section: 0	Township: 0	Range: 0
<b>Permittee #:</b> UNKNOWN	County: 0		LAT: 0.000000	LONG: 0.000000

**Permittee Name:**

**Well Name:** 0

**Well Type:**

Oil Production    
  Gas Production    
  Injection

Evaluation

	Does the well have a proper bond?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
	Is the well in the plugging fund?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
	Is the wellhead above ground?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the well capped with a valve and configured to monitor casing or annular pressure?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is the well equipped with an intact leak free wellhead?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
Has the lease been inactive over the last 24 consecutive months?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
Does the well have sustained gas pressure at the surface?		NO	<input checked="" type="radio"/>

Method used to meet TA requirements:

Any of these methods maybe used similar to oil production well.

- Static Fluid Level Measurement
- Retest Static Fluid Level Measurement (48-96 hour test).
- Retest Static Fluid Level Measurement (9-12 Month Interval).
- Set CIBP, Remove Fluid & Measure Static Fluid Level.
- Set CIBP & Pressure Test

Enter LONGITUDE:  Enter LATITUDE:

Comments:

\_\_\_\_\_  
*Inspector's Name*

\_\_\_\_\_  
*Date*

emailed to:











