

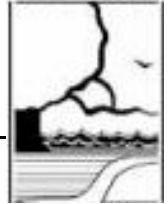


ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Oil & Gas Resource Management

(217) 782-7756

One Natural Resources Way
Springfield, Illinois 62702-1271



OG-18 ANNUAL CLASS II WELL REPORT JANUARY 1 THROUGH DECEMBER 31, 20__

OPERATOR: _____ OPERATOR #: _____

ADDRESS: _____

WELL NAME: _____ PERMIT #: _____ REF. #: _____

REFERENCE # IS REQUIRED, IF REFERENCE # NOT AVAILABLE LOCATION IS REQUIRED.

LOCATION: _____ ft. N/S, _____ ft. E/W, _____ C, _____ 1/4, _____ 1/4, _____ 1/4
Section _____, Township _____, Range _____, County _____

PACKER SETTING DEPTH(S) (INDICATE IF NO REQUIREMENTS): _____

INJECTION/DISPOSAL FORMATION(S) **AND RESERVOIR(S)*** & DEPTH(S): _____

DESCRIBE AND DATE ANY REPAIRS PERFORMED DURING THE YEAR: _____

*** If Reservoir is different than Formation, also include the Reservoir name in parentheses.**

MONTH	AVERAGE DAILY INJECTION RATE (Bbl/day)	MAXIMUM INJECTION PRESSURE (wellhead) (psig)
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEP		
OCT		
NOV		
DEC		

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE PERMITEE HAS REVIEWED THIS REPORT TOGETHER WITH ANY ACCOMPANYING STATEMENTS AND DOCUMENTS AND STATES THAT TO THE BEST OF THE PERMITEE'S KNOWLEDGE, STATEMENTS, AND DOCUMENTS ARE TRUE AND CORRECT.

PERMITEE, OR DESIGNEE, SIGNATURE _____ DATE _____

ADDRESS _____

CITY, STATE _____ ZIP _____

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN THE ILL. COMPILED STAT. CH. 225 PARS. 725 ET. SEQ. FAILURE TO DISCLOSE THIS INFORMATION WILL RESULT IN THIS FORM NOT BEING PROCESSED.