



# ILLINOIS DEPARTMENT OF NATURAL RESOURCES

## Office of Oil and Gas

One Natural Resources Way  
Springfield, Illinois 62702-1271



(217) 782-7756

### OG-9 WELL COMPLETION REPORT

#### TYPE OF REPORT:

NEW WELL     CONVERSION     DOPH     DEEPENING     WORKOVER

#### TYPE OF WELL:

OIL PRODUCER     GAS PRODUCER     CLASS II INJECTION WELL     WATER SUPPLY  
 OBSERVATION     GAS STORAGE     D&A     SERVICE     COAL BED GAS     COAL MINE GAS

PERMITTEE: \_\_\_\_\_ PERMITTEE #: \_\_\_\_\_

WELL NAME: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

LOCATION: \_\_\_\_\_ REFERENCE #: \_\_\_\_\_

COUNTY: \_\_\_\_\_ SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_

#### DRILLING DATA:

WELL NOT DRILLED, PERMIT EXPIRED     WELL NOT CONVERTED, PERMIT EXPIRED

DATE DRILLING BEGAN: _____	FINISHED: _____
ELEVATION: KB _____ DF _____ GR _____	
ROTARY: FROM _____ TO _____	CABLE: FROM _____ TO _____
T.D.: _____	P.B.T.D. _____

#### TEST DATA:

WERE ELECTRIC OR OTHER WIRELINE LOGS RUN: <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF LOG: _____ DATE: _____
TYPE OF LOG: _____ DATE: _____
TYPE OF LOG: _____ DATE: _____
WAS WELL CORED: <input type="checkbox"/> YES <input type="checkbox"/> NO INTERVAL CORED: _____
DRILL STEM TEST RUN: <input type="checkbox"/> YES <input type="checkbox"/> NO ZONE TESTED: _____

#### CONSTRUCTION DATA:

CASING	SIZE	SETTING DEPTH	SACKS CEMENT	HOLE SIZE	TOP OF CEMENT	TOP DETERMINED BY
SURFACE						
INTERMED./MINE STRING / OR LINER						
PRODUCTION						
OTHER						

TUBING: TYPE: \_\_\_\_\_ SIZE: \_\_\_\_\_

PACKER: 1. BRAND AND TYPE: \_\_\_\_\_ SETTING DEPTH: \_\_\_\_\_

2. BRAND AND TYPE: \_\_\_\_\_ SETTING DEPTH: \_\_\_\_\_

**WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS (AND RESERVOIRS\*):**

FORMATION (AND RESERVOIR*) NAME	LITHOLOGY	PERF. INTERVAL	OPEN HOLE INTERVAL	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)

**PRODUCTION INFORMATION:**

PRODUCING FORMATIONS (AND RESERVOIRS\*): \_\_\_\_\_

DATE OF FIRST PRODUCTION (OIL TO TANK) \_\_\_\_\_

DATE OF TEST: (STARTED TESTING TO TANK) \_\_\_\_\_

LENGTH OF TEST: \_\_\_\_\_

INITIAL PRODUCTION RATE:

OIL \_\_\_\_\_ BBLs PER DAY    WATER \_\_\_\_\_ BBLs PER DAY    GAS \_\_\_\_\_ MCF

**INJECTION INFORMATION:**

INJECTION / DISPOSAL FORMATION(s) (AND RESERVOIR(s)\*): \_\_\_\_\_

TYPE OF INJECTED FLUID:     FRESHWATER     SALTWATER     OTHER (SPECIFY) \_\_\_\_\_

SOURCE OF INJECTED FLUID: \_\_\_\_\_

DATE OF FIRST INJECTION: \_\_\_\_\_

RATE PER DAY: \_\_\_\_\_ BBLs WATER AT \_\_\_\_\_ PSI.

\_\_\_\_\_ MCF GAS AT \_\_\_\_\_ PSI.

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

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

\_\_\_\_\_  
SIGNATURE OF PERMITTEE OR DESIGNEE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY, STATE

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.