ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Oil and Gas Resource Management
One Natural Resources Way Springfield, Illinois 62702-1271

HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING PERMIT APPLICATION HVHHF-10

Attachment: ApplicantWellInformation

Please save attachment and use the file name above.

APPLICANT INFORMATION

Applicant Registration Number: _____
Applicant Name: _____
Address:_____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____Fax: _____

Permittee is a:

___Corporation ___Limited liability company ___Partnership ___Individual ___Other (explain)

If not an individual, please list all parent, subsidiary or affiliate entities – include name, address and legal status for each entity listed:

WELL DESCRIPTION
Well Name:_____
Elevation of ground level at well location:_____ ft.
GPS latitude and longitude of surface location of well:_____
Legal description per the Public Land Survey System of the well site and its unit area:

This application for permission to conduct HVHHF is for (check one):
___a new well ___conversion of an existing vertical well ___conversion of an existing horizontal well

If you have previously applied for a permit to conduct HVHHF from this well site, please state the registration number, well name, and date of application for any such application:

Outline the lease and drilling unit boundaries (provide a scale). Please certify the attachment with the following information.

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

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_____ _____
Signature of registered Illinois land surveyor Date

_____ _____ _____
Street address City State