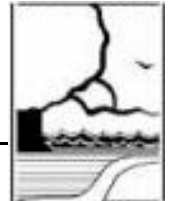




**ILLINOIS DEPARTMENT OF NATURAL RESOURCES**  
**Office of Oil and Gas Resource Management**

(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