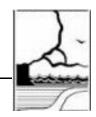


ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Oil & Gas Resource Management

One Natural Resources Way (217) 782-7756 Springfield, Illinois 62702-1271



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

OPERATOR:			OPERATOR #:				
ADDRESS:							
			1	PERMIT #:	REF. #:		
	_	F REFERENCE # NOT AV		_	1/4	1/4	
		ft. E/W, Township,					
PACKER SE	TTING DEPTH(s	s) (INDICATE IF NO REQ MATION(s) & DEPTH(s):	UIREMENTS):				
DESCRIBE A	AND DATE ANY	REPAIRS PERFORMED	DURING THE YE	AR:			
MONTH	AVERAGE DAILY INJECTION RATE			MAXIMUM INJECTION PRESSURE (wellhead)			
		(Bbl/day)		()	psig)		
JAN							
FEB							
MAR							
APR							
MAY							
JUN							
JUL							
AUG							
SEP							
OCT							
NOV							
DEC							
TATEMENTS		JURY, I DECLARE TH NTS, AND TO THE BES					
ADDRESS							
CITY, STATE		ZIP					

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