



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) & DEPTH(S): _____
DESCRIBE AND DATE ANY REPAIRS PERFORMED DURING THE YEAR: _____

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 DECLARE THAT I HAVE EXAMINED THIS FORM INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

PERMITTEE OR DESIGNEE SIGNATURE

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