

Illinois Department of Natural Resources Office of Oil and Gas Resource Management

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov (217) 782 - 7756



OG-4 APPLICATION TO AMEND A CLASS II INJECTION WELL PERMIT

AMENDMENT TYPE: (CHECK ALL THAT APPLY) (SEE OG-4 GUIDANCE 1.0)	INJECTION INTERVAL INJECTION FLUID	INJECTION RATE WELL LOCATION	INJECTION PRESSURE
WELL NAME: _____			
PERMIT #: _____	DATE ISSUED: _____	REFERENCE #: _____	

WELL LOCATION

Ground Elevation of the proposed well _____ feet

PLSS: _____ feet NORTH and _____ feet EAST of the _____ CORNER of the
 _____ SOUTH WEST
 _____ QUARTER of the _____ QUARTER of the _____ QUARTER of
 SECTION _____ of TOWNSHIP _____ and RANGE _____ in _____ COUNTY

GPS: Latitude _____ Longitude _____

IN ADDITION TO COMPLETING THE ABOVE AND PAGE 4, COMPLETE PAGE 2 OF THE APPLICATION FOR EACH AMENDMENT TYPE AS FOLLOWS:

<u>AMENDMENT TYPE</u>	<u>ITEMS</u>	<u>AMENDMENT TYPE</u>	<u>ITEMS</u>
INJECTION INTERVAL	1-13	INJECTION RATE	14-15
INJECTION PRESSURE	16-17	INJECTION FLUID	1

IF REQUESTING A WELL LOCATION CHANGE, COMPLETE PAGE 3 OF THIS APPLICATION UTILIZING AN ILLINOIS LICENSED LAND SURVEYOR OR ILLINOIS REGISTERED PROFESSIONAL ENGINEER (SEE OG-4 GUIDANCE 1.1)

1. Does this application include a complete injection fluid analysis? (see OG-4 Guidance 2.1)	YES	NO
2. Does the application include a complete well schematic reflecting the present status of the well? (see OG-4 Guidance 2.2 A)	YES	NO
Does the application include a complete well schematic of the proposed status of the well? (see OG-4 Guidance 2.2 B)	YES	NO
3. Does this application include a map identifying the following: (see OG-4 Guidance 2.3)		
o The proposed well;	YES	NO
o boundaries of the leasehold or enhanced oil recovery unit if applicable; and	YES	NO
o the location of all wells penetrating the proposed injection interval located within ¼ mile of the proposed well.	YES	NO
4. Does the application include cementing, casing, and plugging records for all wells penetrating the injection interval that are located within the ¼ mile area of review? (see OG-4 Guidance 2.4)	YES	NO
	<i>To Be Supplied Upon Request</i>	
5. Is the proposed well located within the limits of any incorporated city, town or village?	YES	NO
6. Is the proposed well located within 200 feet of a potable water well? (see OG-4 Guidance 2.5)	YES	NO
7. Is the proposed well located within 2,500 feet of a municipal water supply well? (see OG-4 Guidance 2.5)	YES	NO
8. Are any fresh water wells located within ¼ mile of the proposed injection well? (see OG-4 Guidance 2.6)	YES	NO
If the answer is "Yes", does the application include a standard laboratory analysis of fresh water from 2 or more freshwater wells located within ¼ mile of the proposed well or a statement explaining why the analysis could not be obtained?	YES	NO
9. Is the original Certification of Publication included with this application? (see OG-4 Guidance 2.7A)	YES	NO
10. Does the application contain a list identifying each permittee of a producing leasehold located within ¼ mile of the proposed well and each surface owner on which the proposed well is to be located? (see OG-4 Guidance 2.7B)	YES	NO
If the permittee is the surface owner or there are no other permittees of a producing leasehold located within ¼ mile of the proposed well, include a statement to that effect.		
11. Does the application include evidence that each permittee or surface owner from question #10 was provided notice containing, at minimum, the same information as the published notice along with the original or a copy of each certified mail receipt card? (see OG-4 Guidance 2.7B)	YES	NO
12. An application fee of \$300 is required for an amendment of the injection interval. Does your application include payment of the required fee? (a fee is only required for an amendment of the injection interval)	YES	NO
13. Has the applicant ever had a well bond forfeited to the department?	YES	NO
14. Provide the proposed Maximum Injection Rate (MIR) in barrels/day.	_____	B/D
15. Is the applicant requesting the MIR to be validated by using a static fluid level measurement? (see OG-4 Guidance 2.8)	YES	NO
If "YES", is the necessary documentation included in the application?	YES	NO
16. Provide the proposed Maximum Injection Pressure (MIP) in PSI.	_____	PSI
17. Is the applicant requesting the MIP to be validated by using a treatment or step rate test? (see OG-4 Guidance 2.9)	YES	NO
If "YES", is the necessary documentation included in the application?	YES	NO

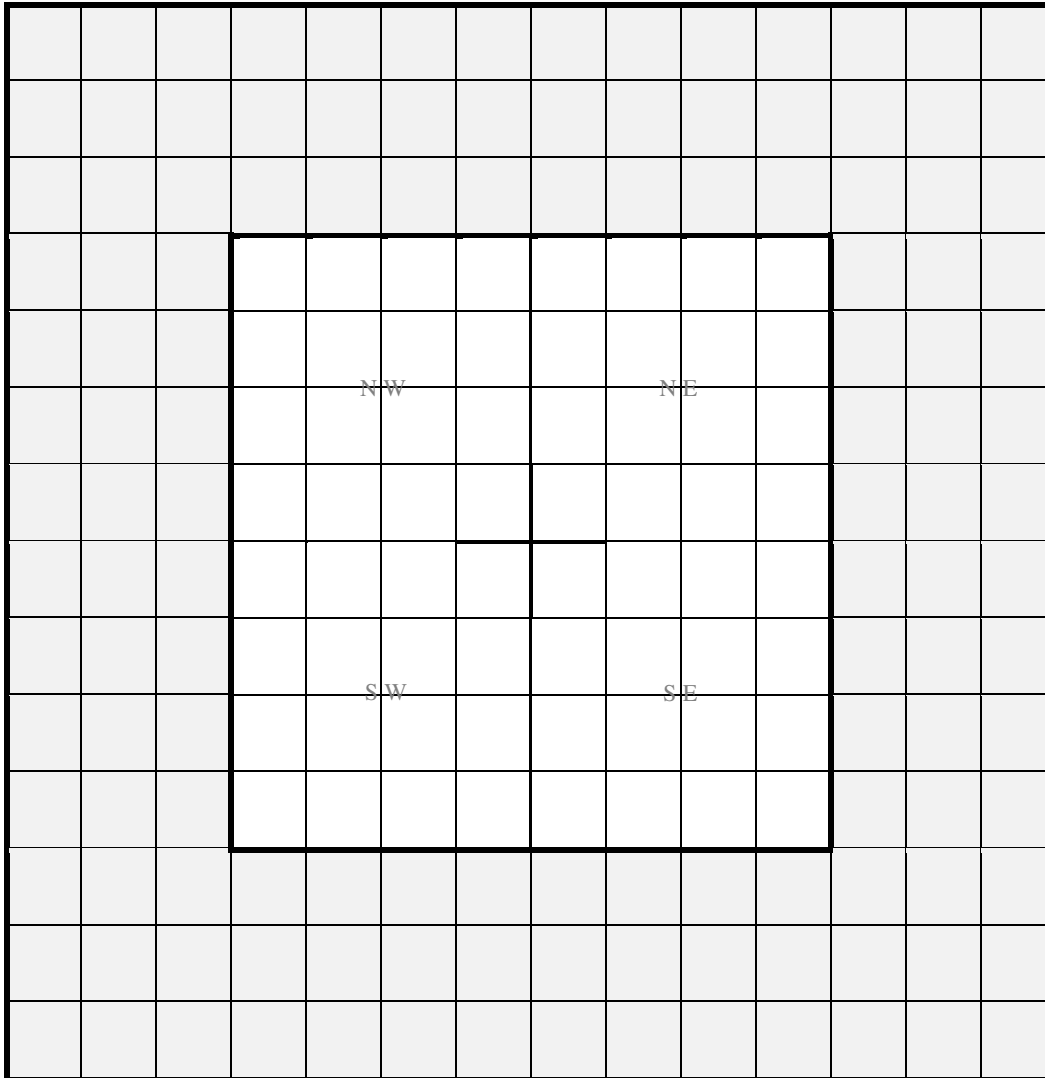
WELL LOCATION

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_____ QUARTER of the _____ QUARTER of the _____ QUARTER of
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Outline your lease or unit boundaries below and spot the well location and all wells within 1/4 mile.



The smallest squares in the above diagram are 660' X 660' and contain 10 acres each.

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 MADE BY ME IN COMPLIANCE WITH THE ILLINOIS OIL AND GAS ACT, IS TRUE AND CORRECT AND I HAVE SET A STAKE AT THE EXACT LOCATION DESIGNATED ABOVE

SIGNATURE OF REGISTERED ILLINOIS LAND SURVEYOR OR REGISTERED ILLINOIS PROFESSIONAL ENGINEER

STREET ADDRESS CITY STATE ZIP

Permittee Information

Name: _____ Permittee#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Technical Contact for application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

- 1) IF THE WELL IS NOT LOCATED WITHIN THE BOUNDARIES OF A LEASEHOLD OR ENHANCED RECOVERY UNIT, THE APPLICANT OWNS 100 % OF THE RIGHT TO DRILL FOR AND OPERATE A WELL ON THE LANDS AND FORMATIONS REQUIRED FOR THE PROPOSED WELL, AS SET FORTH IN SUBPART D OF 62 Ill.Adm.Code Part 240, PURSUANT TO VALID AND EXISTING DOCUMENTAIONS OR MEMORANDA OF PUBLIC RECORD (62 Ill.Adm.Code 240.320(d)). AND
- 2) I HAVE EXAMINED THIS APPLICATION, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE. (62 Ill.Adm.Code 240.310(f))

NAME OF PERSON AUTHORIZED TO SIGN (Print)

TITLE

SIGNATURE 62 Ill.Adm.Code 240.330

DATE

This State agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in 225 ILCS 725/1 et seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.