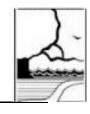


ILLINOIS DEPARTMENT OF NATURAL RESOURCES Office of Oil and Gas Resource Management



(217) 782-7756

One Natural Resources Way Springfield, Illinois 62702-1271

REQUEST FOR TEMPORARY ABANDONMENT **OG-15**

TYPE OF REPORT:							
PERMITTEE:				PERMITTEE #:			
WELL NAME:			PERMIT #:				
LOCATION:			REFERENCE #:				
COUNTY:			SECTION:	TC	OWNSHIP:	RANGE:	
CASING	SIZE	DEPTH	SKS CEMENT	HOLE SIZE	ELEVATION		
	I	I.			WELLHEAD EQU	IPMENT	
SURFACE					SWAGE AND VALVE		
INTERMEDIATE					TYPE (EXP)		
PRODUCTION					PACKER DEPTH		
TUBING					TOTAL DEPTH		
TEMPORARY PLUG SET:	Y	N	DEPTH		DEPTH OF UPPER	RMOST PERFORATIC	NS
REASON FOR REQUEST:						DATE	
			DEPARTM	ENT USE			
PROPERLY CONFIGURED WELLHEAD? ARE LINES UNHOOKED? ☐ YES			YES I	INSPECTOR REVIEW: □ NO PRESSURE TEST RUN? □ YES □ NO □ NO □ PASS □ FAIL BASE OF FRESHWATER			FT
WELL INSPECTOR SIGNATURE FLUID LEVEL CHECK WITNESSED? ☐ YES			- □ NO	DATE INSPECTED FIELD APPROVED? YES NO			
PERMIT UNIT REVIEW:							
PERMIT APPROVED:INITIALS		DATE	TE RENEW		RENEWAL DATE		