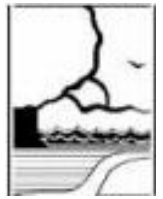




ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Oil and Gas

One Natural Resources Way
Springfield, Illinois 62702-1271



(217) 782-7756

OG-14 APPLICATION FOR VACUUM PERMIT

PERMITTEE: _____ PERMITTEE #: _____

WELL NAME: _____

REFERENCE #: _____ PERMIT #: _____

LOCATION OF WELL:

_____ FT. NORTH; OR _____ FT. SOUTH; AND _____ FT. EAST; OR _____ FT. WEST OF THE _____ CORNER OF THE _____ QUARTER OF THE _____ QUARTER OF THE _____ QUARTER OF SECTION _____, TOWNSHIP _____ (NORTH/SOUTH), RANGE _____ (EAST/WEST) OF _____ COUNTY, ILLINOIS

ZONES SUBJECT TO VACUUM:

FORMATION: _____	FROM: _____	FT	TO	_____	FT
FORMATION: _____	FROM: _____	FT	TO	_____	FT
FORMATION: _____	FROM: _____	FT	TO	_____	FT
FORMATION: _____	FROM: _____	FT	TO	_____	FT
FORMATION: _____	FROM: _____	FT	TO	_____	FT
FORMATION: _____	FROM: _____	FT	TO	_____	FT

THE PERMITTEE LISTED ABOVE IS REQUESTING A PERMIT TO APPLY VACUUM TO THE ABOVE LISTED WELL AND FORMATION(S). THE PERMITTEE IS HEREBY AFFIRMING THAT ALL PERSONS OWNING OR MANAGING PRODUCING OIL OR GAS WELLS WITHIN ONE-QUARTER MILE (AS SHOWN ON THE PLAT ON THE BACK OF THIS FORM) OF THE PROPOSED VACUUM WELL HAVE BEEN NOTIFIED BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OF THE LEGAL LOCATION OF THE PROPOSED WELL AND THE NAME AND DEPTH OF THE PROPOSED STRATA OR FORMATION TO BE AFFECTED BY THE USE OF SUCH VACUUM. (A COPY OF THE NOTICE AND PROOF OF MAILING IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION).

NAME OF APPLICANT (PLEASE PRINT)

SIGNATURE

TITLE

ADDRESS

DATE

CITY STATE ZIP

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN THE ILL. COMPILED STATE, CH. 225, PARS. 725 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.

OUTLINE YOUR LEASE AND DRILLING UNIT BOUNDARIES BELOW AND SPOT WELL SUBJECT TO VACUUM AND ALL OFFSET WELLS.

	N	W			N	E	
	S	W			S	E	