ILLINOIS DEPARTMENT OF NATURAL RESOURCES
Office of Oil and Gas

One Natural Resources Way
Springfield, Illinois 62702-1271

(217) 557-6379

OG-5  WELL DRILLING REPORT

Type of Well:  □ Oil Producer  □ Observation  □ New Well
□ Gas Producer  □ Gas Storage  □ Conversion
□ Class II Injection  □ D&A  □ DOPH
□ Water Supply  □ Other ____________  □ Deepening
□ Workover

Permittee: _____________________________________Permittee #____________________

Well Name: _________________________________Permit # ___________Reference # ____________

Location: __________________________________________API No. _____________________

County: ________________________ Section: __________ Township: __________ Range: __________

Drilling Data:

Date Drilling Began: __________________ Finished: _________________ T.D. __________
Elevation: KB: __________ DF: __________ GR __________ Rotary: From: ______ To: ______
Air Rotary: From: _______ To: _______ Cable: From: _______ To: _______

Test Data:

Were Electric or other wireline logs run?  □ YES  □ NO Type of Logs: ______________________

Was well cored?  □ YES  □ NO Interval(s) cored: ____________________________________________

Drill Stem test run?  □ YES  □ NO Zone(s) Tested: ____________________________________________

Attach a copy of drill stem test results

Geological Data: (Fill out or attach copy of geologists report)

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□ Samples  □ Geophysical Log  □ Other: __________

List any oil and gas shows: (Give depth): __________________________

______________________________________
Signature of Permittee or Designee

______________________________________
Address

______________________________________
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 Stat. 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.

IL472-0279