OG-9       WELL COMPLETION REPORT

TYPE OF REPORT:

- [ ] NEW WELL
- [ ] CONVERSION
- [ ] DOPH
- [ ] DEEPENING
- [ ] WORKOVER

TYPE OF WELL:

- [ ] OIL PRODUCER
- [ ] GAS PRODUCER
- [ ] CLASS II INJECTION WELL
- [ ] WATER SUPPLY
- [ ] OBSERVATION
- [ ] GAS STORAGE
- [ ] D&A
- [ ] SERVICE
- [ ] COAL BED GAS
- [ ] COAL MINE GAS

PERMITTEE: ___________________________________________ PERMITTEE #: ________________

WELL NAME: ___________________________________________ PERMIT #: _____________________

LOCATION: ___________________________________________ REFERENCE #: __________________

COUNTY: ________________  SECTION: _________  TOWNSHIP: _________  RANGE: __________

DRILLING DATA:

- [ ] WELL NOT DRILLED, PERMIT EXPIRED
- [ ] WELL NOT CONVERTED, PERMIT EXPIRED

DATE DRILLING BEGAN: ________________________________
FINISHED: ________________________________

ELEVATION: KB ____________ DF ____________ GR ____________

ROTARY: FROM ________ TO ________
CABLE: FROM ________ TO ________

T.D.: __________________________
P.B.T.D. __________________________

TEST DATA:

WERE ELECTRIC OR OTHER WIRELINE LOGS RUN: [ ] YES  [ ] NO

TYPE OF LOG: ___________________________________________ DATE: ________________

TYPE OF LOG: ___________________________________________ DATE: ________________

TYPE OF LOG: ___________________________________________ DATE: ________________

WAS WELL CORED: [ ] YES  [ ] NO
INTERVAL CORED: __________________________

DRILL STEM TEST RUN: [ ] YES  [ ] NO
ZONE TESTED: __________________________

CONSTRUCTION DATA:

<table>
<thead>
<tr>
<th>CASING</th>
<th>SIZE</th>
<th>SETTING DEPTH</th>
<th>SACKS CEMENT</th>
<th>HOLE SIZE</th>
<th>TOP OF CEMENT</th>
<th>TOP DETERMINED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURFACE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERMED./MINE STRING / OR LINER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRODUCTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PRINTED BY THE STATE OF ILLINOIS  DNR OOGRM FORM IL OG-9 (REV. 03/2018)  Page 1 of 2
WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS:

<table>
<thead>
<tr>
<th>FORMATION NAME</th>
<th>LITHOLOGY</th>
<th>PERF. INTERVAL</th>
<th>OPEN HOLE INTERVAL</th>
<th>ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PRODUCTION INFORMATION:

PRODUCING FORMATIONS: ________________________________________________________________

DATE OF FIRST PRODUCTION (OIL TO TANK) _____________________________________________

DATE OF TEST: (STARTED TESTING TO TANK) ____________________________________________

LENGTH OF TEST: __________________________________________________________________

INITIAL PRODUCTION RATE:

OIL _______ BBLs PER DAY WATER _______ BBLs PER DAY GAS _______ MCF

INJECTION INFORMATION:

INJECTION / DISPOSAL FORMATION(s): ________________________________________________

TYPE OF INJECTED FLUID:  □ FRESHWATER   □ SALTWATER   □ OTHER (SPECIFY) ______________

SOURCE OF INJECTED FLUID: _________________________________________________________

DATE OF FIRST INJECTION: _________________________________________________________

RATE PER DAY: _________________________ BBLs WATER AT _____________________ PSI

_________________________ MCF GAS AT ___________________ PSI.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE PERMITTEE HAS REVIEWED THIS REPORT TOGETHER WITH ANY ACCOMPANYING STATEMENTS AND DOCUMENTS AND STATES THAT TO THE BEST OF THE PERMITTEE’S KNOWLEDGE, STATEMENTS, AND DOCUMENTS ARE TRUE AND CORRECT.

____________________________________________________
SIGNATURE OF PERMITTEE OR DESIGNEE TITLE

____________________________________________________
ADDRESS DATE

____________________________________________________
CITY, STATE

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.