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

(217) 782-7756
One Natural Resources Way
Springfield, Illinois 62702-1271

OG-15 REQUEST FOR TEMPORARY ABANDONMENT

TYPE OF REPORT: ☐ **INITIAL REQUEST** ☐ **ANNUAL RENEWAL**
☐ **PRODUCTION WELL**: ☐ OIL ☐ GAS ☐ **INJECTION WELL**

PERMITTEE:_____ PERMITTEE #: _____

WELL NAME:_____ PERMIT #: _____

LOCATION:_____ REFERENCE #: _____

COUNTY:_____ SECTION:_____ TOWNSHIP:_____ RANGE: _____

CASING	SIZE	DEPTH	SKS CEMENT	HOLE SIZE	ELEVATION
					WELLHEAD EQUIPMENT
SURFACE					SWAGE AND VALVE
INTERMEDIATE					TYPE (EXP)
PRODUCTION					PACKER DEPTH
TUBING					TOTAL DEPTH
TEMPORARY PLUG SET:	Y	N	DEPTH		DEPTH OF UPPERMOST PERFORATIONS

REASON FOR REQUEST: _____

_____ _____
SIGNATURE OF PERMITTEE AND TITLE **DATE**

DEPARTMENT USE

INSPECTOR REVIEW:

IF GAS WELL, IS GAS AT SURFACE? ☐ YES ☐ NO PRESSURE TEST RUN? ☐ YES ☐ NO

PROPERLY CONFIGURED WELLHEAD? ☐ YES ☐ NO ☐ PASS ☐ FAIL

ARE LINES UNHOOKED? ☐ YES ☐ NO BASE OF FRESHWATER_____FT

ACTIVE PRODUCTION ON LEASE? ☐ YES ☐ NO FLUID LEVEL IN WELL:_____FT

DETERMINED BY: _____

COMMENTS: _____

_____
WELL INSPECTOR SIGNATURE DATE INSPECTED

FLUID LEVEL CHECK WITNESSED? ☐ YES ☐ NO FIELD APPROVED? ☐ YES ☐ NO

PERMIT UNIT REVIEW:

PERMIT APPROVED: _____ _____
INITIALS DATE RENEWAL DATE

IL 472-0274

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the "Oil and Gas Act." Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by the Forms Management Center.