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: _________________________

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>
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<tbody>
<tr>
<td>SURFACE</td>
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<td>INTERM./MINE STRING / OR LINER</td>
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<td>PRODUCTION</td>
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<td>OTHER</td>
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</table>
WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS (AND RESERVOIRS*):

<table>
<thead>
<tr>
<th>FORMATION (AND RESERVOIR*) 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>
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PRODUCTION INFORMATION:

PRODUCING FORMATIONS (AND RESERVOIRS*):

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) (AND RESERVOIR(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.

* If Reservoir is different than Formation, also include the Reservoir name in parentheses.

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. Complied Stat. Ch. 225 pars. 725 et. seq. Failure to disclose this information will result in this form not being processed.