



**ARKANSAS
OIL AND GAS
COMMISSION**

Submit Form To:
Ft. Smith Regional Office
3309 Phoenix Avenue
Fort Smith, Arkansas 72903

**FORM 21
NORTH ARKANSAS GAS FIELD
COMMINGLE REQUEST FORM**

Operator Name:		Contact Person:	
Address:		Phone No.:	Fax No.
City:	State:	Zip:	

Permit No.:		Lease Name/Well No.:		Field Name:	
Sec :	Twp:	Rge.:	County:	Location within Drilling Unit (If direction, provide SHL, BHL & mid-point perms)	

Bottom Hole Location (if directional, provide BHL mid-point perms; if horizontal, provide beginning and end of perforated interval):

- If the commingling request is for multiple zones within the Middle Atoka, as defined by General Rule B-44 (a) (4), this application is not required. Within 30 days after completion of commingling activities, reporting in accordance with Rule B-5 is required.
- Please check all that apply:
 - Well is a wildcat well.
 - Well is located within an Exploratory Unit.
 - Primary reservoir drive mechanism for any one of the proposed commingled zones is a water drive.
 - Ownership between commingled zones is not common, unless an agreement accompanies Form 21.
 - Spacing requirements are different between commingled zones.

If any box is checked, a commingled request cannot be filed under this procedure and must be filed as a regular Commission hearing application in accordance with Commission public hearing procedures.

- List zones to be commingled and their associated perforations:

FORMATIONS TO BE COMMINGLED	PERFORATED INTERVAL

- Supply a plat showing all wells located in the Unit and indicate the common sources of supply to be commingled.
- Are any of the zones to be commingled exceptionally located? Yes No
If "yes", specify the exceptional location Order # _____ (penalty will be applied to commingled zones).
- Supply proof of notice to all offset operators giving a 15-day objection period.

I hereby certify that I am authorized to submit this application, which was prepared by me or under my supervision. The facts and proposals made herein are true, correct and complete to the best of my knowledge and belief.

Signature Title Date

For staff use only:
APPROVED: Yes No Initials: _____ Date: _____