



**ARKANSAS  
OIL AND GAS  
COMMISSION**

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

**FORM 22  
NORTH ARKANSAS GAS FIELD  
ADDITIONAL COMPLETION 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:	Surface Location	

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

- Check reason for request:
  - Stratigraphic or structural separation
  - Irregular size/shape of drilling unit.
  - Drainage characteristics of common sources of supply.
  - Pressure characteristics of common source of supply
  - Well in common sources of supply is producing 75 MCF/day or less.
- If the reason for the additional completion request is for other than stratigraphic or structural separation, is there common ownership within the wells in the unit?  Yes  No  
If no, proof of agreement between the owners must accompany this application.
- The following information must accompany this request:
  - a) Plat showing location of unit, location of wells within the unit and the production interval within each well.
  - b) A structure and isopach map of the common source of supply.
  - c) A unit cross-section, including the wells for which the additional completion is requested.
  - d) If applicable, initial and current pressure, current production rates and cumulative production for each completion within the common source of supply.
- Supply proof of written notice to all working interest owners in the subject unit and all offset operators in all adjacent established units, including all working interest owners in the offset unit where the operator is the same as the applicant. Notice shall be given at least 15 days prior to the receipt of the application as indicated by the Commission date stamp on the application.
- Within 30 days after completion of well completion activities or before commencement of production, whichever occurs first, compliance with Rule B-5 is required.

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: \_\_\_\_\_

Comments: \_\_\_\_\_