



**ARKANSAS
OIL AND GAS
COMMISSION**

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

**FORM 29
NORTH ARKANSAS GAS FIELD**

REQUEST TO PRODUCE DRY GAS UP ANNULAR SPACE BETWEEN PRODUCTION AND SURFACE CASING

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 directional, provide SHL, BHL & mid-point perms)	

- Pursuant to General Rule B-37 b), please attach a statement that the proposed zone, or zones, to be produced would otherwise not be economic due to limited production potential.
- Please list producing formation(s). If commingling two or more separate sources of supply, a Form 21 is required to be submitted and approved under Rule D-18.

FORMATION	PRODUCING INTERVAL

- Supply a plat showing all wells located in the Unit.
- Are any of the zones exceptionally located? Yes No
If "yes", specify the exceptional location Order # _____
- Pursuant to General Rule B-37 b) 1), supply proof of written notice to all applicable offset operators and owners giving a 15-day objection period.
- Please attach a wellbore schematic.

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: _____