



**ARKANSAS
OIL AND GAS
COMMISSION**

Submit Form To Appropriate District Office:

Fort Smith Regional Office
3309 Phoenix Avenue
Fort Smith, Arkansas 72903

El Dorado Regional Office
P. O. Box 11510
El Dorado, Arkansas 71730

**Form 31
Operator Request For Natural Gas Well Category
Determination For Severance Tax Purposes**

A.

Operator Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Well Name and Number: _____ Permit no: _____

Section: _____ Township: _____ Range: _____

Field: _____ County: _____

B.

Request for Change in Well Category

Current Well Category: _____ Conventional Well _____ High Cost Well

Please briefly explain the basis for the request: _____

Please attach applicable documentation to support the requested change in well category.

C.

Request for a Marginal Well Determination

Current Well Category: _____ Conventional Well _____ High Cost Well

Please briefly explain the basis for the request: _____

Please attach a copy of the most recent well test, or the previous six (6) full months continuous production under normal operating conditions and showing the number of days produced each month.

CERTIFICATE

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is true, correct, and complete.

Signature

Date

Type or Clearly Print Name

COMMISSION USE ONLY

APPROVED

DENIED

Commission Staff

Date

INSTRUCTIONS

1. This form is to be filed as a request of certification of eligibility for a reduction in Severance Tax in accordance with 15-72-1001 or 15-72-1002 or 15-72-1003.
2. Complete Section A.
3. Complete Section B or Section C.
4. Sign, date, and send to the appropriate regional office.