



**ARKANSAS
OIL AND GAS
COMMISSION**

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

**FORM 34B
GENERAL RULE B-44: APPLICATION FOR A WELL LOCATION
CLOSER THAN 560 FEET FOR MIDDLE ATOKA COMPLETIONS**

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

Permit No.:		Lease Name/Well No.:		
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):

- Note: The reason for this application must be based solely on stratigraphic separation between different productive intervals within the Middle Atoka sequence.
- The following information must accompany this request:
 - Plat showing location of all wells being encroached upon, showing productive zones in each well
 - Stratigraphic cross-section containing the location of all wells being encroached upon demonstrating that the productive intervals in each well are from stratigraphically different intervals
- Supply proof of written notice to all owners, as defined in Ark. Code Ann. § 15-72-102(9), in the subject unit. The notice shall contain at a minimum, the name of the applicant, the name and location of the encroaching wells, and instructions as to the filing with the Director written objections within fifteen (15) days after receipt of the application by the Director.
- Compliance with General Rule B-5 is required at the completion of well activities.

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: _____