



**ARKANSAS  
OIL AND GAS  
COMMISSION**

**Submit Form To Appropriate District Office:**

Fort Smith Regional Office  
3309 Phoenix Avenue  
Fort Smith, Arkansas 72903  
(479) 649 -7656

El Dorado Regional Office  
P. O. Box 11510  
El Dorado, Arkansas 71730  
(870) 862-8823

**FORM 38  
NOTIFICATION OF WELL SERVICING  
(as required by General Rule B-41, H-2 or H-3)**

**Notification must be received prior to commencement of well servicing.**

Operator: \_\_\_\_\_

Well name and no. to be serviced: \_\_\_\_\_

Permit no. of well: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_

Field: \_\_\_\_\_ County: \_\_\_\_\_

Operator representative responsible for operation: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Name of well servicing company to be utilized: \_\_\_\_\_

Give reason for well servicing and brief description of work to be performed: \_\_\_\_\_

\_\_\_\_\_

Anticipated start date of well servicing work: \_\_\_\_\_

For Class II Injection Wells: A Mechanical Integrity Test must be successfully conducted prior to commencement of injection.

Anticipated date packer will be reset: \_\_\_\_\_

**NOTE: This form may be submitted by fax or as an attachment to an email link on our webpage to the appropriate regional office.**

**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.

Operator or Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

## **INSTRUCTIONS**

1. This form is applicable to the notice requirements contained within Commission General Rules B-41, H-2 and H-3.
2. Complete the entire form. For nonapplicable parts, mark NA in blank.
3. Submit to appropriate Regional Office.