



ARKANSAS OIL AND GAS COMMISSION

Submit Form To Appropriate District Office:

Fort Smith Regional Office
3309 Phoenix Avenue
Fort Smith, Arkansas 72903
Fax: 479-649-7656

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

FORM 39
GENERAL RULE B-19 CASING AND CEMENTING PROGRAM REPORT

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

Type of Event: [ ] Casing [ ] Cement [ ] Both

Company Representative: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Well Name and No.: \_\_\_\_\_

Sec.: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_

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

List all casings run into well and indicate which was involved in the event:

(Size, Grade, Weight, and Depth) Conductor: [ ] Casing Event [ ] Cement Event
Surface: [ ] Casing Event [ ] Cement Event
Intermediate: [ ] Casing Event [ ] Cement Event
Production: [ ] Casing Event [ ] Cement Event

Explain casing event: \_\_\_\_\_

Explain cementing event: \_\_\_\_\_

List maximum pump pressure used: \_\_\_\_\_ psig. What depth is the top of cement: \_\_\_\_\_ ft

List Type, Weight and Yield of cement used in cement event discussed above:

Lead/1st stage: \_\_\_\_\_

Tail/2nd stage: \_\_\_\_\_

Tail/3rd stage: \_\_\_\_\_

Explain action undertaken to address event: \_\_\_\_\_

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 report is applicable to all events related to cement and casing program anomalies required to be reported in accordance with Commission General B-19.
2. Complete the entire form.
3. For nonapplicable parts, place NA in blank.
4. Submit to the appropriate Regional Office.