



**ARKANSAS
OIL AND GAS
COMMISSION**

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

**FORM 27
NOTICE OF CONSTRUCTION AND/OR REPAIR
A NATURAL GAS PIPELINE SYSTEM
(UPSTREAM OF OPERATOR CUSTODY TRANSFER METER)**

Check One: New Construction Repair

Operator Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Operator Representative responsible for construction/repair:

Phone: _____

Contractor Name: _____ Phone: _____

Reason for construction and/or repair: _____

If new well connect, list well name: _____

If new construction, give total miles of pipe: _____

Estimated Start Date: _____ Estimated time of construction and/or repair: _____

List location of construction and/or repair: _____

General Directions to construction site: _____

Section(s): _____ Township(s): _____ Range(s): _____ County(s): _____

Does right-of-way cross public road: Yes No If yes, give name of public road: _____

Does right-of-way cross perennial stream: Yes No If yes, give name of stream: _____

Signature

Date

Typed or Clearly Printed Name

INSTRUCTIONS

1. For repair work submit, by fax, within 24 hours of commencing repair or operations.
2. For new construction, submit by mail or fax prior to commencing work.
3. Attach additional sheet(s) if necessary.
4. See General Rule D-17 for applicable construction and repair requirements.