



**ARKANSAS  
OIL AND GAS  
COMMISSION**

Submit Form To:  
El Dorado Regional Office  
P. O. Box 11510  
El Dorado, Arkansas 71730

**Form 30  
Operator Request For Certification of  
Eligibility For Severance Tax Benefits  
for Crude Oil Production**

**A.**  
Check One:  Re-establish Production  EOR  New Technology

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Well Name and Number or EOR Unit: \_\_\_\_\_ Permit no: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

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

**B.**  
List last twelve consecutive months of non-production for well: \_\_\_\_\_

List date of production re-established for well: \_\_\_\_\_

List Commission Order Number for EOR Unit: \_\_\_\_\_

List effective date of Unitization: \_\_\_\_\_

List Commission Order Number for Approved Technology: \_\_\_\_\_

List Effective Date of Approval: \_\_\_\_\_

**C.**  
List Commission Approved Purchaser of Oil: \_\_\_\_\_

Remarks: \_\_\_\_\_

**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

## **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 applicable portion of Section B.
4. Complete Section C.
5. Sign, date, and mail to the El Dorado Office.