



**ARKANSAS
OIL AND GAS
COMMISSION**

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

**FORM 17
APPLICATION TO MEASURE GAS OFF LEASE**

Field _____ Reservoir _____
Operator _____ Well Name & No. _____
Description of Lease _____
County _____ Company _____

In accordance with Rule D-7 of the General Rules and Regulations of the Arkansas Oil and Gas Commission, the Company named hereon herewith makes application to measure Gas Hydrocarbons off the lease shown above for the reasons stated below. A certified plat or survey of the exact location of the producing well and proposed meter must accompany this application. All meters must be appropriately identified by well name, zone and location

Executed this the ____ day of _____, 20 ____
State of _____
County of _____
Signature of Affiant _____
Typed or Clearly Printed Name _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states, that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this ____ day of _____, 20 ____

SEAL _____
Notary Signature

My Commission Expires _____ Notary Public in and for _____
County _____

FOR COMMISSION USE ONLY

Date _____ Approved by _____

Remarks: _____