



**ARKANSAS
OIL AND GAS
COMMISSION**

Submit Form To Appropriate District Office:

Fort Smith Regional Office
3309 Phoenix Avenue
Fort Smith, Arkansas 72903

El Dorado Regional Office
P. O. Box 11510
El Dorado, Arkansas 71731

**FORM 3
PRODUCER'S WELL COMPLETION AND RECOMPLETION REPORT**

Original Completion Recompletion of New Zone Commingle, Well Conversion Workover of Existing Zone Dry Hole Type Well: Oil Dry Gas SWD/EOR Brine Gas Condensate Other

SECTION A - WELL DESCRIPTION - MUST BE COMPLETED

Permit No. _____	API No. 03- _____	Producer's Name _____
Field _____	Address _____	
Pool Completed in _____	City _____	
Well Name _____	No. _____	State _____ Zip _____
Sec. _____	Twp. _____	Rge. _____
County _____	Phone _____	
Work Commenced _____	Work Completed _____	E-Mail _____
(Date)	(Date)	

SECTION B - FILL OUT FOR NEW WELLS

Surface hole location _____

Bottom hole location _____

Elevation: KB _____ GL _____ DF _____ Total Depth Drilled _____ PBDT _____

Electric Log Run: Yes No Filed: Yes No Drilling Unit Description: _____

Conductor: (Size & Wt.) _____ set at _____ ft. w/ _____ sks.

Surface: (Size & Wt.) _____ set at _____ ft. w/ _____ sks.

Intermediate: (Size & Wt.) _____ set at _____ ft. w/ _____ sks.

Production: (Size & Wt.) _____ set at _____ ft. w/ _____ sks.

Tubing: (Size & Wt.) _____ set at _____ ft. Packer Depth _____ ft.

Perforated/Open Hole Intervals _____

SECTION C - FILL OUT FOR RECOMPLETION OF NEW ZONE, WORKOVER, COMMINGLE OR CONVERSION

Is this a commingle of existing zones? Yes No Commingle approved by General Rule or Commission Order? Yes No

Plugged Back TD _____ Electric Log Run: Yes No Filed: Yes No

Plugged Back BHL _____

Liner: (Size & Wt.) _____ From _____ ft. to _____ ft. w/ _____ sks.

Tubing: (Size & Wt.) _____ set at _____ ft. Packer Depth _____ ft.

Perforated/Open Hole Intervals _____

SECTION D - WELL TREATMENT (See instructions on back)

Acidized: Yes No Interval _____ w/ _____ gals.

Fractured: Yes No Interval _____

w/ _____ lbs. of sand w/ _____ bbls. of fluid type of fluid _____

Describe Work: _____

SECTION E - PRODUCTION INFORMATION (See instructions on back)

Is this well the only completion in the common source of supply within the unit? Yes No

If no, have additional completion(s) been authorized by General Rule or approved by Commission Order? Yes No

Disposition of gas from this well: Vented (approval required) Lease Fuel Sold

SECTION F - PRODUCER'S PRODUCTION TEST (See instructions on back)

Date of Test: _____ Test Length _____ hrs. Production Method: Flowing Gas Lift Rod Pump Cent. Pump

Choke/Orifice Size: _____ Tubing Pressure _____ Casing Pressure _____ WHSIP _____ BHP _____

Net Oil in 24 Hours: _____ bbls. SW _____ bbls. GOR _____ Gravity Oil _____

Estimated Daily Gas Production Rate (24 Hrs.): _____ MCF Est. Daily Gas Well SW: _____ bbls.

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

Typed or Clearly Printed Name

INSTRUCTIONS FOR FILING FORM 3

1. Form 3 is required to be submitted in accordance with General Rule B-5, or within 30 days of the plugging of a dry hole. Please check the appropriate office where form is to be sent.
2. For newly drilled wells check the "Original Completion" box and "Type of Well" boxes at top of Form and complete Sections A, B, D, E and F.
3. For completion of a new zone in an existing well, check the "Recompletion of New Zone or Commingle" box and "Type of Well" box at top of Form and complete Sections A, C, D, E, and F.
4. For commingle of zones in an existing well, check the "Recompletion of New Zone or Commingle" box and "Type of Well" box at top of Form and complete Section A and answer the commingle questions in Section C.
5. For workovers of previously completed zones in existing wells, complete Sections A, C, D and F.
6. For conversion of a producing well into use as a SWD/EOR well, check the "Recompletion of New Zone, Commingle or Well Conversion" box and "SWD/EOR" box at top of Form and complete Sections A, C and D.
7. For a dry hole, check "Dry Hole" box and "Type of Well" box at top of Form and complete Sections A and B.