



**ARKANSAS
OIL AND GAS
COMMISSION**

Submit Form To Appropriate District Office:

Fort Smith Regional Office
3309 Phoenix Avenue
Fort Smith, Arkansas 72903
(479) 646 -7656

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

**FORM 38
NOTIFICATION OF WELL SERVICING
(as required by General Rule B-41, H-2 or H-3)**

Notification must be received prior to commencement of well servicing.

Operator: _____

Well name and no. to be serviced: _____

Permit no. of well: _____ Sec: _____ Twp: _____ Rge: _____

Field: _____ County: _____

Operator representative responsible for operation: _____

Contact phone number: _____

Name of well servicing company to be utilized: _____

Give reason for well servicing and brief description of work to be performed: _____

Anticipated start date of well servicing work: _____

For Class II Injection Wells: A Mechanical Integrity Test must be successfully conducted prior to commencement of injection.

Anticipated date packer will be reset: _____

NOTE: This form may be submitted by fax or as an attachment to an email link on our webpage to the appropriate regional office.

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.

Operator or Authorized Agent: _____ Date: _____

INSTRUCTIONS

1. This form is applicable to the notice requirements contained within Commission General Rules B-41, H-2 and H-3.
2. Complete the entire form. For nonapplicable parts, mark NA in blank.
3. Submit to appropriate Regional Office.