ARKANSAS OIL AND GAS COMMISSION

FORM 3A
WELL FRACTURE STIMULATION REPORT

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

SECTION A - WELL DESCRIPTION - MUST BE COMPLETED

Permit No. _____ API No. 03- _____ Permit Holder _____
Well Name _____ No _____ Address _____
Section _____ Township _____ Range _____ City _____ State _____ Zip _____
Field _____ County _____ Phone _____ Fax _____
Work Commenced (Date) _____ Work Completed _____ Email _____
Pool Completed In _____

SECTION B - TREATMENT INTERVAL AND BASE FLUIDS USED

Interval Fractured	Max Pump Pressure measured at surface	Type of Base Fluid (water, recycled water, nitrogen, CO2, etc.)	Volume of Base Fluid

SECTION C - LIST OF ADDITIVES USED (Include proppant as as additive)

General Additive Type per B-19 (k) (4)	Specific Company Additive Name or Description	Concentration lbs/1000 gallons or gallons/1000 gallons	Actual Volume	Percent Volume of Total Fracture Treatment Volume

SECTION D - COMPILATION OF ALL CHEMICAL CONSTITUENTS OR CHEMICAL FAMILY NAME USED IN FRACTURE TREATMENT

CAS Number - (Use the term "Trade Secret" if chemical constituent claim approved under B-19)	Chemical Constituent Name (List chemical family name if trade secret claim approved under B-19 and attach a copy of approved Form 37). Add additional sheet(s) if necessary.

SECTION E - FRACTURE HEIGHT INFORMATION

Calculated Fracture Height Designed to be Achieved - Measured from Shallowest Perforation _____

Estimated TVD Measured at Top of Calculated Fracture Height _____

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.

_____
Permit Holder's Signature

_____
Typed or Clearly Printed Name