SWD2-OIL

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION

Print Form Clear Form

Oil Producers Salt Water Disposal Permit Registration

		SECTION A: OWN	IERSHIP INFORMATION		
1) Oil Severance Ac	count ID:	-OIL			
2) Legal Name (Ente	er full legal name of the bu	siness):			
3) Business Address	::				
		Address	City	State	Zip
		SECTION B: SALT WAT	ER DISPOSAL INFORMATION		
4) Arkansas Oil and	Gas Commission Salt Wate	er Disposal System Certificate Numbe	r:		
5) Salt Water Dispos	sal System Name:				
6) List all oil wells/le	eases to be covered under	this Salt Water Disposal Credit permit			
	4-Digit County Code	AOGC Well/Lease Number*	Well/Lease Number Identifie	r	
The Arkansas Oil ar	nd Gas Commission is in th	e process of assigning identification rach additional well/lease schedules.	numbers to oil wells/leases. List the number for e	each oil well/lease if	one has been
issigned, otherwise	rieave biarik. Il freeded, att	acti additional well/lease schedules.			
	Pollution Control and Eco		sas Oil and Gas Commission approval document	ts certifying the lister	d underground salt
water disposal syste	eni and related wells/leases	5.			
Please mail this for	rm, including any accomp	oanying schedules and/or other do	cuments, to: Miscellaneous Tax Section, PO Bo	ox 896, Little Rock,	AR 72203-0896.
L cortify this docum	ont (including any accomp	sanving schodulos) has been evamine	d by me, and to the best of my knowledge and b	poliofic true correct	and complete
reering this docum	ent (including any accomp	anying scriedules/ has been examine	u by me, and to the best of my knowledge and b	eller is true, correct a	and complete.
	(Signature of	Owner, Partner or Corporate Officer)		Date	
		(Print Name)	 Phon	ne Number	
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