



**STATE OF ARKANSAS**  
**Department of Finance and Administration**  
**Miscellaneous Tax Section**

PO Box 896, Room 2340  
 1816 West 7th Street  
 Little Rock, Arkansas 72203  
 Ph: (501) 682-7187, Fax: (501) 682-1103

**High-Cost Gas Well Classification Extension Request / Final Payout Declaration**

AR Severance Tax Permit #: \_\_\_\_\_ AR Oil and Gas Commission #: \_\_\_\_\_

Taxpayer name: \_\_\_\_\_

Business address: \_\_\_\_\_  
(Physical address) (City) (State) (Zip code)

Contact person: \_\_\_\_\_ Tele #: \_\_\_\_\_

Well Permit #: \_\_\_\_\_ Well Name \_\_\_\_\_

- Initial 12 month extension request       Final payout declaration

A high-cost gas well will automatically be re-classified by the Arkansas Oil and Gas Commission at the conclusion of the initial thirty-six (36) month payout recovery period unless the Producer files form MT-177 High-Cost Gas Well Classification Extension Request along with a high-cost gas well payout schedule with the Director of the Department of Finance and Administration. The AR Oil and Gas Commission will automatically re-classify the high-cost well unless notified by the Department of Finance and Administration of the gas well extension approval.

If well payout is reached at any time during the 12 month high-cost well extension period, the Operator/Producer must file a well re-classification request with the Arkansas Oil and Gas Commission and a final payout declaration with the Director of the Department of Finance and Administration.

I certify that all of the information on the face of this document and the supporting forms are true and correct to the best of my knowledge.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Printed name)

\_\_\_\_\_  
 (Title)