**90-Day Conditional Test Allowable Request**

***Check all applicable boxes***

***Fully complete form and email to*** [***laf-info@la.gov***](mailto:laf-info@la.gov) ***for approval.***

**Section 1**  **ORIGINAL**  **EXTENSION**

Conservation Unit (new) Alternate Unit Well Substitute Unit Well (29K) Voluntary Unit

**Section 2** **SERIAL NUMBER:**

Code:       Field:

Code:       Parish:

Code:       Operator:

Code:       Well Name & No:

Reservoir:       Perforations:

FORM COMP ATTACHED:  Yes  No

MONIES LETTER ATTACHED:  Yes  No Will be submitted under separate cover

ASSIGN ALLOWABLE BASED UPON THE FORM COMP ATTACHED EFFECTIVE:

ASSIGN ALLOWABLE BASED UPON THE TEST INFORMATION BELOW EFFECTIVE:

**Section 3**

      BOPD       MCF/DAY       PSIG       PSIG       PSIG

INITIAL PROD. GAS VOLUME FLOWING TUBING SHUT-IN TUBING CASING PRESSURE

PRESSURE PRESSURE

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | 1 – POSITIVE |  |  |  |  |  |  |  |  |
| /64” | 2 – ADJUST | BPD | % | CF/BBL | API AT 60° F |
| CHOKE SIZE | |  |  | WATER PROD. |  | BS & W |  | GOR |  | GRAVITY |  |

**Section 4**

COMMENTS: **(On an extension request - indicate status of unitization below)**

OIL TRANSPORTER:

GAS PURCHASER:

GAS VENTED/FLARED:  YES  NO

Name of person requesting allowable:       DATE:

Email:      Telephone No: