INSTRUCTION SHEET FOR 90-DAY CONDITIONAL TEST ALLOWABLE REQUEST

SECTION 1

• Check the box that indicates the type of request and the type of unitization to be applied for

SECTION 2

• Enter FIELD CODE and FIELD NAME
• Enter PARISH CODE and PARISH NAME
• Enter OPERATOR CODE and OPERATOR NAME
• Enter LUW Code (if applicable) and WELL NAME & NO.
• RESERVOIR: enter name of reservoir of completion/recompletion
• PERFORATIONS: enter producing perforations
• FORM COMP ATTACHED – check yes or no (whichever is applicable)
• MONIES LETTER ATTACHED – check YES, NO or NO - Will be submitted under separate cover

ASSIGN ALLOWABLE BASED UPON THE FORM COMP ATTACHED EFFECTIVE – check this box and enter effective date if allowable will be issued based upon the Form Comp (if applicable)

ASSIGN ALLOWABLE BASED UPON THE TEST INFORMATION BELOW EFFECTIVE – check this box and enter an effective date and test information in SECTION 3 (if applicable)

SECTION 3

• Enter complete test information (gauge of well) to be used to prorate/assign an allowable

SECTION 4

• COMMENTS – enter a brief explanation of the need for the 90-day conditional test allowable and an estimated time frame for the completion of the pending unitization (extensions: state status of unitization)
• OIL TRANSPORTER – enter name and code number of oil transporter
• GAS PURCHASER – enter name and code number of gas purchaser
• GAS FLARED/VENTED – check yes or no (if applicable)

NAME OF PERSON REQUESTING ALLOWABLE & DATE – enter name of person completing the form and the date of the request

EMAIL – enter the email address of the person completing the form in the event there are questions

TELEPHONE NO: – enter the telephone number to contact the person completing the form (cell or office)