**90-Day Conditional Test Allowable Request**

 ***Check all applicable boxes***

***Fully complete form and email to*** ***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: