Request for Emergency Test Clearance

**This form is to be e-mailed to the Lafayette District Office for approval**

**laf-info@la.gov**

*This information below is to be included on the Original Form Completion submitted to the District Office.*

Date submitting request:

CODES

      Parish

     Field

      Operator

      Well Name & No:       Serial No:

Reservoir       Completion Date:

Unit Required/Requested: Y  N  Monies Letter: Y  N

Perforations: From       To       Status:       Primary Product: O  G

**Clearance & Certification:**

Additional clearance is requested for  bbls. of oil /  MCF gas produced on Drill-Stem or other production test:

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T E S T D A T A

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Test |  | Time of Test | | |  | Amount of Oil Produced | |  | Amount of Gas Produced | |
|  |  | M. | to | M. |  |  | BBLS |  |  | MCF |
|  |  | M. | to | M. |  |  | BBLS |  |  | MCF |
|  |  | M. | to | M. |  |  | BBLS |  |  | MCF |
|  |  | M. | to | M. |  |  | BBLS |  |  | MCF |
|  |  | M. | to | M. |  |  | BBLS |  |  | MCF |

Total       BBLS Total       MCF

Transporter:

|  |
| --- |
| Remarks: |
|  |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| OPERATOR |  | (Signed) Operator Representative |
|  |  | Rep Tele:       Rep email: |
| Issued by: **EG\_\_\_\_\_\_**  **ST\_\_\_\_\_\_\_** |  | **District Office emailed Prod Audit**: Yes  No |