

# 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)