

Kansas Geological Survey – Wichita
4150 West Monroe Street, Wichita, Kansas 67209-2640
Phone – 316-943-2343 ext. 207 Fax – 316-943-1261

REQUEST TO PRESERVE FORMATION SAMPLES OR DRILL CUTTINGS FORM

Kansas Administrative Regulation 82-3-107(c)

To process your request, this form must be complete and submitted with the sample cuttings.

OPERATOR

Name _____ E-mail _____
Address _____ Telephone _____
City _____ State _____ Zip Code _____

SAMPLES

I am submitting the following samples to the Kansas Geological Survey because (*check only one*):

- (a) KGS requested the well samples
(b) The operator wants the well samples preserved and placed in the sample repository
(c) I authorize KGS to determine the geologic significance and disposition of the well samples

Well Name _____ Well Number _____
Spot Location ____-____-____-____ Section ____ Township ____ Range ____ E W
County _____ State _____ API No. ____-____-____
Sample Condition (*check all that apply*): Washed Bagged Labeled Wet Dry

CONFIDENTIALITY

Samples cannot be held in confidential custody if this section is blank, illegible, or incomplete.

I want the well samples placed in confidential custody: YES NO

A written confidentiality request WAS WILL BE filed with the Kansas Corporation Commission

DUPLICATE SAMPLES

I want an ADDITIONAL set of samples preserved: NO YES (*if YES, complete the following*):

Make ____ set(s) of DUPLICATE samples. DUPLICATE sample interval: All From _____
to _____ feet. Send invoice and duplicate samples to: Operator Other (*as follows*):

Name _____ Company _____
Address _____ Telephone _____
City _____ State _____ Zip Code _____

REQUEST SUBMITTED BY

Name (*please print*) _____ Date ____/____/____
Telephone _____ Email _____