

REQUEST TO PRESERVE FORMATION SAMPLES OR DRILL CUTTINGS FORM

Kansas Administrative Regulation 82-3-107(c)

(To process your request, the form must be complete and submitted with the well samples)

OPERATOR

Name _____ License No. _____
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 can not be held in confidential custody, if this section is either blank, illegible, or not completed)

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 a set of duplicate samples preserved. YES NO *(if YES, complete the following)*

Make _____ set of samples. Duplicate sample interval: All samples From _____ to _____

Send invoice and duplicate samples to: Operator Other, *(complete the following)*

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

REQUEST SUBMITTED BY

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