

Kansas Geological Survey – Wichita Well Sample Library  
4150 W Monroe Street  
Wichita Kansas 67209

**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 Sample Library because *(check only one)*:

- (a)  KGS requested the samples for the Sample Library  
(b)  The operator wants the samples preserved and placed in the Sample Library  
(c)  I authorize KGS to determine the geologic significance and disposition of the 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 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 \_\_\_\_\_