# **Kansas Geological Survey – Wichita**

**4150 W Monroe Street, Wichita Kansas 67209**

**Phone - 316 943-2343 x201 Fax – 316 943-1261**

# **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_