

# Norman F. Williams Well Sample Library Donation Form

Organization name

Street address:

City:

State:

Zip code:

Phone number:

E-mail:

Donation type (please choose all that apply)

Full core

Cut core (slab/butt)

Core chips

Cuttings

Thin sections

Analysis report

Other

Purpose of well

# of cuttings boxes

# of core boxes

Can you provide any well information (e. g. well name, operator name, permit, API, core/cuttings depth)?

yes

No

Can you provide any well location information (e. g. lat-long, S-T-R, county, state)?

Yes

No

Delivery type

I certify that to the best of my knowledge all information listed above is accurate and correct and being freely transferred to the OSG for use by any and all interested parties.

Signature

Date

OFFICE OF THE STATE GEOLOGIST

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