

## Request to Sample Materials

*Updated September 2019*

### General Information

Samples requested by:

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date request made:           /        /         
                                    (Month)    (Day)    (Year)

Classification:   Student   Academic   Professional   Researcher

Purpose of study:   MS Thesis   PhD Dissertation   Exploration   Academic Research  
                                    Research   Other (explain) \_\_\_\_\_

Request to sample:            Core            Well Cuttings

Materials to be used for:

Geochemistry                      TOC                      Rock-Eval                      Vitrinite Reflectance

Thin Sections            X-Ray Diffraction            Atomic Absorption            Porosity/Permeability

Polished Sections    Insoluble Residues            Photograph Core            Polished Slabs

What Company or Companies will be used for Analysis? (List Name/Address/Phone #)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Will use of the material result in its destruction?      Yes      No

Estimated amount of material needed for each sample?      \_\_\_\_\_ grams

Total number of samples needed? \_\_\_\_\_

Expected completion date?      \_\_\_\_\_  
   (Month)    (Day)      (Year)

Do you request a confidential period of one (1) year after your data is submitted to the KGS?

Yes    No

## Study Description

Please attach a copy of your abstract of proposed study, including a detailed location map showing the study area

## Project Support Signatures

Chair of the Geology Department/  
 Company President/Regional Manager

Chair of Thesis Committee/  
 Immediate Supervisor

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

Phone No. \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

## KGS Approval

\_\_\_\_\_  
 EARL Staff  
 Kentucky Geological Survey  
 Earth Analysis Research Library

\_\_\_\_\_  
 Date

### Material Sampled

KGS Call #: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Farm Name: \_\_\_\_\_ Well/Hole #: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Formation: \_\_\_\_\_

### Intervals Requested

Sample No	Interval	Sample No	Interval
1.	_____	18.	_____
2.	_____	19.	_____
3.	_____	20.	_____
4.	_____	21.	_____
5.	_____	22.	_____
6.	_____	23.	_____
7.	_____	24.	_____
8.	_____	25.	_____
9.	_____	26.	_____
10.	_____	27.	_____
11.	_____	28.	_____
12.	_____	29.	_____
13.	_____	30.	_____
14.	_____	31.	_____
15.	_____	32.	_____
16.	_____	33.	_____
17.	_____	34.	_____

Sampling Record

Sampling Begun: \_\_\_\_\_ Sampling Ended: \_\_\_\_\_  
Date Date

Conducted by: \_\_\_\_\_  
EARL Staff Date

Total number of samples received \_\_\_\_\_ from \_\_\_\_\_ core/cuttings.

## Returned Data

### Final Check of Materials

Item Received	Expected?	Date
Bound copy of report, study, or thesis		
Results		
Maps of Study Area		
Rock-Eval Report		
TOC Report		
Vitrinite Reflectance		
Geochemical Report and Plots		
Photos		
Unused Samples Returned		
Thin Sections		
Plugs		
Acetate Peels		
Insoluble Residues		

The above contract between EARL staff and \_\_\_\_\_ has been fulfilled. The organization is in good standing and approved to request more samples.

\_\_\_\_\_  
Signature of EARL Staff

\_\_\_\_\_  
Date