**Core Storage and Research Centre - Well Material Viewing Request Form**

Company/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase Order Number (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Contact Details (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Viewing (please choose one): In-depth logging \_\_\_\_\_\_ Overview\_\_\_\_\_\_\_

Number of people in Viewing Party: \_\_\_\_\_\_\_ Sample collection planned (Y/N): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requested Well Material Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Well Name** | **Well Material**  **(core, cuttings, slides, fluids, SWC, etc.)** | **Core # and/or Interval Required** | **C-NLOPB staff use Only**  **(# of boxes)** |
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\*if further space is needed please attach additional sheets.

**We require a minimum of two weeks’ notice for all viewing requests.**

Please forward completed forms (PDF format) and inquiries regarding well material viewing or completion of this form to contact below:

David Mills, B. Tech.

Geological Services Supervisor

t: (709) 778-1500

Email: [dmills@cnlopb.ca](mailto:dmills@cnlopb.ca)