

3650 21 Street NE Calgary, Alberta T2E 6V6 webfluids.agatlabs.com

Report To:							
Company:							
Contact:							
Address:							
Phone:	Fax:						
Client Project	zt #:						
Invoice To:	Same Yes ☐ / No ☐						
Company:							
Contact:							
Address:							
	Fax:						
PO/AFE #:							
Report Info	ormation						
1. Name:							
Email:							
Email:							
Turnaround Time Required (TAT)							
Regular TAT	5 to 7 working days 🔲						
Rush TAT	24 to 48 hours						
	48 to 72 hours						
	Weekend Rush						
Date Require	ed:						

		Sa	mple Submission Form
Cylinder #:	SP ID#:	Cylinder #:	SP ID#:
Surface UWI:	Meter ID#:	Surface UWI:	Meter ID#:
Subsurface UWI:	H ₂ S:	Subsurface UWI:	H₂S:
Well Name:	Perf 1:	Well Name:	Perf 1:
Formation:	Perf 2:	Formation:	Perf 2:
Sample Point:	Perf 3:	Sample Point:	Perf 3:
Elevation KB:	Analysis:	Elevation KB:	Analysis:
Elevation Grd:	Well Licence #:	Elevation Grd:	Well Licence #:
Pressure:	Matrix:	Pressure:	Matrix:
Temp:	Location:	Temp:	Location:
Other:	Field:	Other:	Field:
Cylinder #:	SP ID#:	Cylinder #:	SP ID#:
Surface UWI:	Meter ID#:	Surface UWI:	Meter ID#:
Subsurface UWI:	H ₂ S:	Subsurface UWI:	H ₂ S:
Well Name:	Perf 1:	Well Name:	Perf 1:
Formation:	Perf 2:	Formation:	Perf 2:
Sample Point:	Perf 3:	Sample Point:	Perf 3:
Elevation KB:	Analysis:	Elevation KB:	Analysis:
Elevation Grd:	Well Licence #:	Elevation Grd:	Well Licence #:
Pressure:	Matrix:	Pressure:	Matrix:
Temp:	Location:	Temp:	Location:
Other:	Field:	Other:	Field:

SAMPLE RELINQUISHED BY:			SAMPLE RECEIVED BY:			Special Instru	ctions:	
Printed Name	Sign Name	YYYY MM DD	Printed Name	Sign Name	YYYY MM DD			
			_			PAGE	OF	
Printed Name	Sign Name	YYYY MM DD	Printed Name	Sign Name	YYYY MM DD	1		