Core Mineralogy Labs
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CHAIN OF CUSTODY RECORD

CMI
Wellbore Forensic Specialists™

REPORT RESULTS TO	
Contact Name:	
Company:	
Mailing Address:	
City, State, Zip:	
Telephone #:	
E-mail:	

SEND INVOICE TO	
Purchase Order #:	
Contact Name:	
Company:	
City, State, Zip:	
Telephone #:	
E-mail:	

Special Instructions:

Analysis Requested (Enter an "X" in the boxes below to indicate request)

Lab ID# (CMI USE ONLY)	Client Sample ID: *Field, Well, Location, Sampling Point..*	Date Sampled	Time Sampled	Combined XRD-EDX	XRD (Bulk)	XRD (Clay)	EDX Only	FTIR	GCMS	Laser Particle Size Distribution	Acid Solubility	Barite Solubility	Complete Water	SEM	Glycol QC Test	Retort					

RELINQUISHED BY: (SIGNATURE)	Date Submitted	Time Submitted	RECIEVED BY: (SIGNATURE)	Date Submitted	Time Submitted
RELINQUISHED BY: (PLEASE PRINT YOUR NAME)	Date Submitted	Time Submitted	RECIEVED BY: (SIGNATURE)	Date Submitted	Time Submitted

NORM Survey Meter Reading: _____ (microR/hr)

Comments:

Normal Turnaround
☒ 10 Working Days

RUSH Service
☐ 24 Hours ☐ 72 Hours

Other Service (Please Specify)
☐ _____