

# TEST SAMPLE



Calgary Lab: (587) 393-6399

Company: \_\_\_\_\_

Well LSD: \_\_\_\_\_

Sample #: \_\_\_\_\_

Time:

H2S:

Date:

\_\_\_\_/\_\_\_\_/2017

\_\_\_\_:\_\_\_\_AM/PM

Yes / No

Source Fluid Type:

Sample Point:

Testing Comments:

Initials: