

**DATA REQUEST FORM  
 CENTER FOR RESERVOIR RESEARCH  
 MURRAY STATE UNIVERSITY**

*Send Completed Form To*  
**Karla Johnston  
 Center for Reservoir Research  
 561 Emma Drive  
 Murray, KY 42071  
 or  
 FAX (270) 474-0120**

DATE	
NAME	
TITLE AND AFFILIATION	
ADDRESS	
PHONE	
FAX	
E-MAIL	

PARAMETERS	
SITES	
TIME PERIOD	
PREFERRED FORMAT	<input type="checkbox"/> Text File -- Comma delimited? Y/N <input type="checkbox"/> Excel (Ver. 3, XLS) file <input type="checkbox"/> FoxPro (Ver. 2, DBF) file <input type="checkbox"/> Hard Copy <input type="checkbox"/> Other _____ (specify)
PREFERRED MEDIUM	<input type="checkbox"/> 3.5" disk <input type="checkbox"/> E-mail – (address required) <input type="checkbox"/> Other _____ (specify)

Please briefly describe project and use of data requested.

70-1011CQMP7

DATA