

STATE OF OREGON DEPARTMENT OF GEOLOGY AND MINERAL INDUSTRIES
ASSAY LABORATORIES

REQUEST FOR SAMPLE INFORMATION

The State law governing free analysis of samples sent to State Assay Laboratories requires that certain information be furnished the Laboratory regarding samples sent for assay or identification. A copy of the law will be found on the back of this blank. Please fill in the information called for as completely as possible, and submit it along with your sample. Keep a copy of the information on each sample for your own reference.

Your name in full W. G. Wright

Post-office address 7208 S. E. Duke St.

Are you a citizen of Oregon _____ Date on which sample is sent _____

Name (or names) of owners of the property Dr. Lyons

Name of claim sample obtained from Gold Crest No. 1 & 2

Location of property or source of sample (describe as accurately as possible below):

County Lake co. Mining district Lake Co. District

Township 37S Range 16E Section _____ Quarter section _____

How far from passable road 1/2 mile

For what minerals or elements do you wish the sample(s) analyzed Gold

Channel (length) Grab Pipe Description

Sample No. 1 _____

Sample No. 2 _____

IMPORTANT: A vein sample should be taken in an even channel across the vein from wall to wall. Location of sample in the workings, together with the width measured, should be recorded.

(Signed) W. G. Wright

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY - USE OTHER SIDE IF DESIRED

Description _____

Sample Number	GOLD		SILVER				TOTAL
	oz./T.	Value	oz./T.	Value			
#1	Trace						
#2	0.72	\$25.20	3.48	\$3.13			\$28.33

Report issued _____ Card filed _____ Report mailed _____ Called for _____