

SIPES LISTING FOR CONSULTING GEOLOGISTS

1. NAME: _____

2. ADDRESS: _____

3. CITY: _____ 4. STATE: _____ 5. ZIP: _____

6. TELEPHONE: _____ 7. FAX: _____ 8. E-MAIL: _____

**AREAS OF EXPERIENCE (GEOLOGICAL PROVINCE, STATE, COUNTRY, ETC.)
IN WHICH YOU WOULD BE AVAILABLE FOR CONSULTING:**

ARE YOU AVAILABLE FOR LONG-TERM _____ OR SHORT-TERM CONSULTING? _____

IN WHICH STATE(S) ARE YOU REGISTERED? _____

SPECIALITY: OIL & GAS _____ ENVIRONMENTAL _____

OTHER _____

COMPUTER MAPPING: DO YOU USE/OWN MAPPING SOFTWARE? Yes _____ No _____

DO YOU USE/OWN 2-D OR 3-D INTERPRETATION SOFTWARE? _____

IF SO, WHICH? _____

DO YOU HAVE ACCESS TO LOGS/PRODUCTION DATA BASE/MAP INFORMATION? _____

DO YOU PURCHASE/SELL DRILLING/PRODUCTION DEALS? Yes _____ No _____ Which? _____

ARE YOU AVAILABLE FOR WELL-SITE WORK? _____

ARE YOU FLUENT IN ANY LANGUAGE(S) OTHER THAN ENGLISH? _____ IF SO, WHICH LANGUAGE(S)?

WOULD YOU PROVIDE EXPERT WITNESS TESTIMONY? _____

ADDITIONAL COMMENTS: _____

I authorize SIPES to post this information on the SIPES website

Signature: _____

Your data will not be posted on the SIPES website without written permission