



EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:	License Number:
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Operator Address:

Contact Person:	Phone Number: () - - - -
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Permit Number (API No. if applicable):	Lease Name:
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<p>Source of Waste:</p> <p><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike</p> <p><input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit</p> <p><input type="checkbox"/> Burn Pit <input type="checkbox"/> Drilling Pit</p> <p><input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit</p> <p><input type="checkbox"/> <input type="checkbox"/> Spill / Escape</p>	<p>Well Number:</p> <p>Source Location (QQQQ): - - - - -</p> <p>Sec. Twp. R. <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</p> <p>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>_____ County</p>
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Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm Other: _____

If waste is transferred to another reserve pit, is the lease active? Yes No

Location of waste disposal:	Date of Waste Transfer: _____
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Operator Name: _____	License No.: _____
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Lease Name: _____	Sec. Twp. R. <input type="checkbox"/> East <input type="checkbox"/> West
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Docket No./API No.: _____	County: _____
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Comments:

Submitted Electronically