

## EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:						License Number:							
Operator Address:													
Contact Person:							Phone Number: (       ) -						
Permit Number ( <i>API No. if applicable</i> ):							Lease Name:						
Source of Waste: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit</div><div><input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape</div></div>							Well Number:						
							Source Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ County						
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____													
Amount of waste:              _____ No. of loads                  _____ Barrels                  _____ Tons                  _____ YDS													
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____													
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Location of waste disposal:							Date of Waste Transfer: _____						
Operator Name: _____							License No.: _____						
Lease Name: _____							Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West						
Docket No./API No.: _____							County: _____						
Comments:													
Submitted Electronically													